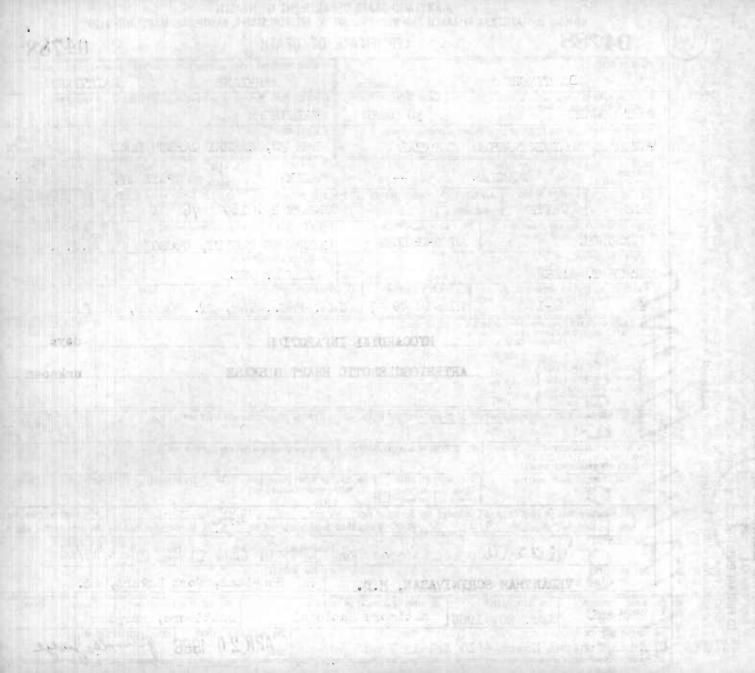
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after BALTIMORE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours 61 min. = d. STREET ADDRESS HOSPITAL OR INSTITUTION (if not in hospital, give street address) MARYLAND d. NAME OF filled e. IS RESIDENCE within 72 ON A FARM? 26C GLENWOOD NXX RD YES letely completely ve carbon DATE Last Month Day DECEASED event, APRIL (Type or print) DEATH 6 1966 AKERS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH emove AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED pue WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? BALTIMORE 60, MD phys death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AKERS JOYCE LOUISE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent permit. (Yes, no, or unkown) | (If yes give war or dates of service) MOTHER S (AS ABOVE MEW BORW CHART 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH led by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-tra burial-tra DUE TO 22 wks. Conditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate has 19. ICATI PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work e d 21. I certify that (I) (this hospital) attended the deceased from 4 DIRECTOR: age 3 should led with the and that death occurred at 5 23M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURA 22b. DATE SIGNED M.D. PHYS. DIRECTOR O HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (TYPE) REE H. DAVIS plnods NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. 23c. (State) REMOVAL (Specify) enewhen FUNERAL DIRECTOR ADDRESS VR A.15 (4) 20M

TO PART OF THE STATE OF THE STA THE PERSON ASSESSMENT OF THE PROPERTY OF THE PERSON OF THE PROPERTY OF THE PERSON OF T Overgodies 4/19/66 640.00 Towars, 1000" John E. Alderen, U.D. BOUCE LA 1856 Person Just

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04788 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral deot PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest town) 38 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL BOX 30, CHERRY GARDEN ROAD NO X 3. NAME OF First Middle 4. DATE Last Manth Year DECEASED DOUGLAS ALLEN APRIL 17, 66 19 (Type or print) DEATH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Hours 1891 AUGUST 29. MATE WHTTE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) ATTOMOBILES COUNTRY? RICHMOND COUNTY. GEORGIA U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY M. FELL ARTHUR T. ALIEN 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give war ar dates of service) 216 18 40 97 CLIN. REC., VAH, FT. HOWARD, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) _ DUE TO Conditions, if any, which gave ARTERIOSCLEROTIC HEART DISEASE unknown rise to immediate cause (a), DUF TO stating the underlying couse Page 4 may be retoined by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory, street, office blda., etc.) Nat While at wark at work saw the deceased alive an_ 22b. DATE SIGNED 4/17/66 22o, SIGNATURE Juni VOM.D. PHYS. MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S VA Hospital, Fort Howard, Md. NAME (Type) VEDANTHAM SCRINIVASAN, M.D. directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) Baltimore National Baltimore, Maryland 1966 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS lianley Ullrich Funeral Home 4210 Belair Road 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04789 CERTIFICATE OF DEATH 04789 within 24 hours after death physician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY BALTIMORE BALTO. MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, ARBUTUS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 NO X 1416 SULPHUR SPRING RD. 1416 SULPHUR SPRING RD. 3. NAME OF Middle Last 4. DATE Manth Year DECEASED ARNOLD ROSE APRIL 30 19 66 (Type or print) DEATH The law requires that the death certificate be executed IF UNDER 1 YEAR S. SEX NEVER MARRIED XX DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 7 Sast birthday) Haurs 8-29-90 FEMALE WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY SOUNTRY? during mast of weeking life even if retired) WASHINGTON, D. XXX C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD ARNOLD LIZETTA HOENER 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war ar dates af service) MRS. LULA SEWELL, 1416 SULPHUR BPRING ROAD INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET, AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by be retained by the hospital or attending physician. DUE TO 140 Canditians, if any, which gave rise ta immediate cause (a) DUF TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been prior ta far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (Caunty) Nat While factory, street, affice bldg., etc.) Ochorty, 19 Lat, to (s) , 19 6, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 19 6, and that death accurred at M, fram causes and an the date stated abave. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 13 Leva = M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 1014 FRANCIS AVENUE FREDERICK V. BEITLER 21227 directar, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) BURTATE (Specify) 5-3-66 BALTIMORE LOUDON PARK CEMETERY MARYLAND 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 DMAY 1966 HUBBARD FUNERAL HOME, 4107 WILKENS AVENUE #29

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MARYLAND STATE DEPARTMENT OF HEALTH QIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) on papers. Pag within 72 hours hours Lutherville, 21093 Towson = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 St. Joseph Hospital 305 Valley Court Rd. YES NO A within completely carbon NAME DE Middle Last DATE Month Day Year DECEASED DF DEATH April event, Bailev (Type or print) Blanche N. 66 19 executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. dast birthday) Months | Days | Hours | Min. remove and in any white Female 9/8 WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ANDUSTRY and COUNTRY? eas Uwn Home Utah Homemaker death certificate ᆸ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal 1 homas Harriett G. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) Family records cremation, No None the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ed by the INTERVAL BETWEEN ONSET AND DEATH G.I. Blemorrhage PART I. DEATH WAS CAUSED BY: Cardiac Failure IMMEDIATE CAUSE (a) signed been signed the burial-tractory Undetermined DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY for use Health certificate PERFORMED? YES T NO X PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) this certification of Inches of Inch 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) deta factory, street, office bldg., etc.) Hour a.m. While Not While After p.m. at work at work 19 66 19 66 D April 4 April 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at \$.40 MM from the causes and on the date stated above. 19 66 saw the deceased alive on April 22a. SIGNATURE 22b. DATE SIGNED B 9 DIR page ATTENDING PHYS. April 7 1966 DIRECTOR PHYSICIAN'S FUNERAL 22d. ADDRESS director, p should be f NAME (Type) de la York Rd. Baltimore. Md. 21204 Nelson S. BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Removal Larkin Mortuary Apri 24/1 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR VR A15 (4) 20M 1/65

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H	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	04791 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	791
	1. PLACE OF DEATH o. COUNTY BALTIMORE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before o. STATE Maryland b. COUNTY Balti	ore odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore-rural c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) White Marsh	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) St. Josephs Hospital d. STREET ADDRESS Redline Rd. Route 1 Box 1055 A	e. IS RESIDENCE ON A FARM? YES NO
63	(Type or print) ELLE - Mae BAIRD DEATH	Year 19 66
5	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months Doys Female White WIDOWED DIVORCED 1-23-1926 9. AGE (In yeors lost birthdoy) Months Doys	
d	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (Stote or foreign country) Chenango Fork, N.Y.	U/S/A.
	13. FATHER'S NAME George Davis 14. MOTHER'S MAIDEN NAME Mary La Mont	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Address No 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr Hubert Baird Box1055A. White Mai	rsh ^M d
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive heart failure DUE TO arteriosclerotic cardiovascular disease Conditions, if ony, which gove) (b)	ITERVAL BETWEEN NSET AND DEATH
	rise to immediate couse (o), stating the underlying couse lost.	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	PERFORMED? YES X NO
I CEDTIE	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 201. TIME OF INJURY Month, Doy, Yeor Hour o.m. 202. TIME OF INJURY Month, Doy, Yeor While Not While factory, street, office bldg., etc.) 203. EXTERNAL CAUSE WAS PRIMARY or Port I or Port II of item 18.) 204. INJURY OCCURRED 206. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	
MEDICA	p.m. 17 of work 🗀 of work	(Stote)
	deoth resulted from: Notural couses X, Accident , Suicide , Homicide , Undetermined monner .	nd in my opinio
	ACTUAL SIGNATURE EXAMINER'S M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED 4-23-66
2	NAME (Type) Rudiger Breitenecker, M.D. Address (Street, city, town, or county) 230. BURIAL, CREMATION, REMOVAL SPRING LANGE Sylvan Lawn Cemetery Creene, N.Y.	ty) (State)
1	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU AMAY 2 1966 Cliarles Cliarles Company Comp	URE

THE REPORT OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death. and 2 by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYTAND. MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) FORT RURAD and give nearest town) 4 DAYS BALTTMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled in VETERANS ADMINISTRATION HOSPITAL 2405 BARCIAY STREET YES NO TO be executed within 3. NAME OF pou First Middle Last 4. DATE Manth Day Year DECEASED LLOYD BANKS (Type ar print) DEATH APRIL car SEX AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Davs Haurs MATE NEGRO WIDOWED DIVORCED 10 15 02 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? requires that the death certificate BALTIMORE, MARYLAND ILS.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LLOYD BANKS anucl WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates af service) 212 12 6505 CLIN. REC., VAH. Full. HOWARD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CIRRHOSIS OF LIVER IMMEDIATE CAUSE (a) þ DUF TO LOBAR PNEUMONIA burial Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been priar to PULMONARY EDEMA PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? use CERTIFICATION YES NO a 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. Nat While saw the deceased alive an Apr. 30, 19 66 and that death accurred at P. M. fram causes and an the deceased alive an Apr. 30, 19 66 that (ii) (we) last a signature // at work L at wark be retained 22b. DATE SIGNED 5/3/66 22a. SIGNATURE M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, pur NAME (Type) HAROON M. QAZI, M. D. VAH, FORT HOWARD, MARYLAND 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION (County) (State) BURTAT. BALTIMORE, MARYLAND BALTIMORE NATIONAL REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY etely filled in by the furbon papers. Pages 1 a, within 72 hours after d b. COUNTY after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Conowingo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 6308 COOWA ND N within completely carbon Middle S NAME DE First Last Month Day Year DECEASED DF event, (Type or print) DEATH 1966 AUNISTER executed 6. COLOR DR RACE DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Hours EMAL WIDDWED DIVORCED 10a. USUAL DCCUPATION (Give kind of work done I 10b. KIND DF BUSINESS DR INDUSTRY 12. CITIZEN DF WHAT 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? 1)54 OUSEWIEE certificate FATHER'S NAME Ph MOTHER'S MAIDEN NAME removal Then attending KAWLING-5 FLIOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. the attend t permit. INFORMANT 5 death (Yes, no, or unkown) (If yes give war or dates of service) BANDISTER SR. COLOWINGO cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the ONSET AND DEATH ò 1. DEATH WAS CAUSED BY: KLEW IMMEDIATE CAUSE (a) signed burial-ti burial, DUE TD ca. wux wering wholeen Cenditions, if any, which (b) been gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate hetached for use to Dept. of Health Health PERFORMED? YES NO I PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While After OR ATTENDING at work at work retained pinous Ogn 2 1966, that (1) (we) last Dec 15 the 21. I certify that (I) (this hespital) attended the deceased from . 19 65. to OIRECTOR: age 3 should led with the .19 A, and that death occurred at 1230 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE page ATTENDING PHYS. M.D. DIRECTOR PHYS TO HOSPITAL Page 4 may TO FUNERAL 0 PHYSICIAN'S 22c. 22d. ADDRESS should be TO FUNERA director, NAME (Type) MARINA 6 (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) ADDRESS REC'D BY REGISTRAR 25a. 25b. REGISTRAR'S 1966 VR A.15 (4) SON 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death pup death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY BALTIMORE a. STATE MD. b. COUNTY BAT.TO MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b write RURAL and give negrest town)
LANSDOWNE LANSDOWNE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS within 72 ON A FARM? 2018 SULPHUR SPRING RD. 21227 2018 SULPHUR SPRING ROAD 21227 YES \ NOV 3. NAME OF Middle First Lost 4. DATE Month remove carbon DECEASED PAUL 4/2/66 RM BAYER, SR. 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 66 birthdoy) 2-5-1900 MALE WHITE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CAR MAN U COUNTRY? HOUSTRYO RAILROAD HUNGARY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB BAYER ELIZABETH----15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ng, gr unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 216-07-8041 MRS. MYRTLE A BAYER, 2018 SULPHUR SPRING NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO attending | stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or jo 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNBERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work at work brel 2, 1966 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an april 1966, and the 1966, to 1966, and that death accurred at SAM, frank causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 1264 FRANCIS AVENUE 21228 BRADLEY DAUGHARTHY directar, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, BUREMAYAL (Specify) NEW CATHEDRAL CEMETERY 4-5-66 BALTIMORE, MARYLAND 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR

UBBARD FUNERAL HOME, 4107K WILKENS AVENUE #29

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending Mysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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V	1	04'7	95				OF DEA				047	95
	1.	PLACE OF DEAT a. COUNTY	altimore	N	MARY	LAND	2. USUAL RES	La rul		If Institution: COUNTY	Residence befo	re admission)
		b. CITY OR TOV Write RUBAI	VN (if outside and give nea	corporate limits, rest town)	c. LENGTH OF STA		c. CITY OR TOW	/N (If outside	2		L and give ne	arest town)
			SPITAL OR IN		hospital, give street a	ddress)	d. STREET ADDI	RESS	1 IMO	RE	9. IS	RESIDENCE I A FARM?
56	_	Great	ter b	altimor	e Medical	Cont	er 64	03 0	lears	ering	YES [No
	3.	NAME DF DECEASED (Type or print)	E	First	Middle H .		Bear	0		Has il	Day	Year 19 66
	5.	SEX	6. COLOR O	R RACE 7. MARRII	=/	^			9. AGE (In y	day) Months	R 1 YEAR IFU	
	10a dur	LUSUAL OCCUPATING MOST OF WORLD	TION (Give kind	of work done 10b.	KIND OF BUSINESS OF		11. BIRTHPLAC	E (County & S	state, or fo Ja co		CITIZEN OF W	HAT
	13.	FATHER'S NAM	Newo	nk			14. MOTHER'S	MAIDEN NAM	ky		USA	-
		tho	mas	Bea	rd		24	manus En Turni	Hend	ry		
	15. (Ye	. WAS DECEASED	EVER IN U.S. A (If yes give war	RMED FORCES? 1 or dates of service)	6. SOCIAL SECURITY NO		Marvin	Beard	6403 CI	deress earspir re Md.	ng Roa	d
			DEATH [Enter		r line for (a), (b), and (BETWEEN ND DEATH
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		Conditions, If		DUE TO)valian	Ca	e	Dista	rnl	100		
		cause (a), s underlying cau	tating the	DUE TO	Me	tas	tasis					
	ATION				BUTING TO DEATH BUT	OT RELAT	ED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(a)	PER	AUTOPSY FORMED?
0	CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLING CAUSE	YING (1) 20b.	DESCRIBE HOW INJU	RY OCCUR	RED. (Enter natu	re of Injury I	n Part I or Part	II of Item 18	YES [] NO []
	MEDICAL C	20c. TIME OF Hour a.	INJURY Mont	h, Day, Year 20d	. INJURY OCCURRED	20e. PLACI	E OF INJURY (Hor	ne, farm, 20	f. (City or tow	n) (Co	unty)	(State)
	MEC	р.	m.	19 Whi	ork at work	,	1-1-2		Ann	6.1/		
			ty that (I) (theceased alive	11 1	nded the deceased f		death occurred	e, 19 66, at 10:00M	-	ses and on) (we) last
		22a. SIGNATU	RE AS DO	La fac			ATTENDING _	MED.	STAFF		DATE SIGNED	166
1		22c. PHYSICI NAME (T	AN'S PRESENTE	EDE DES	ALCANI	M.D.	PHYS. 22d. ADDRES	B M	PHYS.	1017	1141	<i>w \(\p</i>
	23a	REMOVAL (SP	eclfy)	DATE THEREOF /15 /1966	23c. NAME OF CI	METERY (OR CREMATORY		LOCATION (CI			(State)
	24.	. FUNERAL DIR	2200	1 =) =)	ADDRESS	ye. In	25a.	1	EGISTRAR 25b	. REGISTRAF	'S SIGNATUR	E
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTBALTIMORE o. COUNTY BALTIMORE o. STATE MARYLAND MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 31 DAYS REISTERSTOWN FORT HOWARD papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 27 16 HANOVER ROAD VETERANS ADMINISTRATION HOSPITAL YES NO K 3. NAME OF Middle 4. DATE carbon First Lost Month Doy Year DECEASED APRIL 21 66 **EDWARD** BEITZ GEORGE 19 (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED X **NEVER MARRIED** remave lost pirthdoy) Months Hours 12/4/91 MALE WHITE WIDOWED DIVORCED in any 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) U.S.A. REISTERSTOWN, MARYLAND CONSTRUCTION PAINTER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARGARET HELWIG LEWIS BELTZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 219 01 3970 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit MONTHAN DEATH PART I. DEATH WAS CAUSED BY: HEART FAILURE IMMEDIATE CAUSE (o) 4.200 DUE TO ARTERIOSCIEROTIC HEART DISEASE YEARS Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse prior to as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use NO K YES | the haspital ar far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not While foctory, street, office bldg., etc.) ot work be retained by 4/21/66 19 ___, that Al) (we) last 21. I certify that ((this haspital) attended the deceased fram. shauld and that death accurred at 0:45 Mfram causes and an the date stated above. 4/21/66 19 saw the deceased alive an. 22b. DATE SIGNED 4/21/66 22o, SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S DE CASTRO, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) FINKSBURG. MARYLAND BUR LAL 4/25/66 EVERGREEN MEMORIAL CEMETERY REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ELINE FUNERAL HOME Charles 20 M 1/66 REISTERSTOWN MARY

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REISTER CONTRACTOR

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COLINTY b. COUNTY 12 T BAITTMORE MARYLAND and b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b þ write RURAL end give neerest town) BAITTMORF 2 within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 6757 TOWNBROOK DRIVE 6757 TOWNBROOK DRIVE YES NO papers. completely executed 3. NAME OF 4. DATE Month Dev Year DECEASED OF (Type or print) DEATH 1966 carboy 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and 3 last birthdey) WIDOWED event 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) PACKAGE LIQUORS PROPRIETOR BALTIMORE. MARYLAND LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal (Yes, no, or unknown) | (If yes give wer or detes of service MRS. SONDRA MYERS 9018 ALLENSWOOD has been signed by the permit. 18. CAUSE OF DEATH |Enter only one ceuse per line for (e), (b), end (c). aftending physician. INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: V10 5 cleratic Cardiov ASCU (car) Disease burial-transit DUF TO Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying ceuse lest the hospital or this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION use as rior to PERFORMED? prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. ō et work et work p.m DIRECTOR: 21. I certify that (I) (this height) attended the deceased from Felo , 19.5 to April , 19.5 that (I) (we) last 22e. SIGNATURE ATTENDING MED PHYS. DIRECTOR TO HOSPITAL death. Page 4 TO FUNERAL M.D page with t 22d. ADDRESS 22c. PHYSICIAN'S SHELDON GOLDGELER ector, filed 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF BALTIMORE. MARYLAND REMOVAL/ TO FORTH कृ कु 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

NO TU

(State)

22b. DATE

(Stete)

SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

V	1	CERTIFICAT	E UF DEATH	03749
	1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	esidence before admission)
Ì		BALTIMORE MARYLAND	Mac	
		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
j	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	l e. IS RESIDENCE
		Greater Baltimore Medical Center	3/05 Mareco tre	ON A FARM? YES ND ND
	3.	NAME DF DECEASED (Type or print) First ELLEN CATHERINE	BENSEL 4. DATE Month OF DEATH APRIL	20 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IFUNDER Months)	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ITIZEN OF WHAT
111		Ing mgs) of working life, even if retired) INDUSTRY	Annapolis. Md 2	UNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES 1 16, SOCIAL SECURITY NO. 1 17.	clara Dixson	7
	(Ye	s, no, or unkown) (If yes give war or dates of service)	INFORMANT , Address	
	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	PATIENTS CHART	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Lailing	ONSET AND DEATH
		170 X IMMEDIATE CAUSE (a) September 170 X DUE TO	4 100100	1 01
		Conditions, If any, which \ (b)		Lyn.7Mos
		gave rise to immediate cause (a), stating the DUE TO	To met to told	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1(a)	119. WAS AUTDPSY
	CERTIFICATION		,	PERFORMED? YES NO
		208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.	.)
	MEDICAL	tions factor	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bidg., etc.)	inty) (State)
	MED	p.m. 19 While Not While at work	in the state of th	
		21. I certify that (I) (this hospital) attended the deceased from		, that (I) (we) last
		saw the deceased alive on 4 - 20 19 66, and that	t death occurred at 0.46 M, from the causes and on the	he date stated above.
		Mercedes D. Gleantage M.D.	ATTENDING MED. STAFF	-20-66
		22c. PHYSICIAN'S MERCEDES O. ALCAN	TARA GBMC, Towso	w, md
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
1		BURIAL 4-25-66 MORELAKO ME	MORIAL PR. BALTIMORE COUNT	TV, NO
	24.	FUNERAL DIRECTOR LE CRICH FONERAL HOME, BALTO, NO	2 100 11 100 100	S SIGNATURE
	4	JECK ICH PONCKAC HOME, IDALION)	APR 25 1966 Icharles	Judge

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2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA O48()() CERTIFICATE OF DEATH	RYLAND
M	PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution, Res b. COUNTY Maryland Baltimore MARYLAND	i 10330
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Towson c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore	live nearest town)
90	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Stella Maris Hospice 3711 Erdman Avenue	ON A
3.		Day Yeer
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birth 9. AGE (In years lest birthday) Months Date of Birthday Months Mo	AR IF UNDER 2 ys Hours
do	foreman Italy United the state of the stat	ted Sta
	Generoso Biancaniello Generoso Biancaniello Carmela Contino S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	Yas, no, or unkown) (Ifyasgivawarordatasofservice) UNKNOWN 18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediata causa (a), stating tha undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	INTERVAL BETWONSET AND DE
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.)	YES N
MEDICAL CERT		5., that (I) (v
1	22a. SIGNATURE Robert J. Mahon ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS 22d. ADDRESS 204 E. Joppa Road	22b.
23	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF April 20, 196 Holy Redeemer Cemetery Baltimore, Maryla	

1050 York Road

24 FUNERAL DIRECTOR'S SIGNATURE WM. COOK-Brooks Towson

1966 AGE (In years | IF UNDER 1 YEAR last birthday) Months PLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? United States aly armela Contino Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? NO of injury in Part I or Pert II of item 18. Y (Homa, farm, 20f. (City or town) (County) (Stata) ica bldg., atc.) to April 1/ , 1900, that (1) (we) last 22b. DATE SIGNED DING DIRECTOR PHYS. DDRESS E. Joppa Road 23d. LOCATION (City, town or county) (Stata) Baltimore, Maryland Holy Redeemer Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Towson, Maryland 21204

RESIDENCE (Where decaesed lived, If institutions Residence before admission) b. COUNTY

. IS RESIDENCE ON A FARM?

YES NO

VR A15 (4) 15M 9/60

110820 Marial April 20, 1966 Holy Rademen Carriers Haltimers, Maryland 10:00 Note 10:00 Note 10:00 12:00 12:00 12:00 10

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04801 CERTIFICATE OF DEATH within 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral popers. Pages 1 and PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) te RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS 00 YES NO V arbon 3. NAME OF Middle 4. DATE First Last Month Day Year etely DECEASED 1966 20 (Type ar print) DEATH requires that the death certificate be executed 9. AGE (Jayyears IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE X DATE_OF BIRTH 7. MARRIED **NEVER MARRIED** B. birthday) Manths Days Haurs WIDOWED DIVORCED Buo 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Causty & State, or foreign country) physicion on the pleose during most of working life, even if retired) INDUSTRY COUNTRY? and 6 maraver 13. FASHER'S NAME 14. MOTHER'S MAIDEN NAME removol uelles WAS DECEASED FOR IN U.S. ARMED FORCES? 17. INPORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknawh) (If yes give war ar dates af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (f) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUE TO signed burial, Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the has been last. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION YES NO O FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram. 19 65, to W 19 44 that (1) (we) last be retoined , and that death accurred at 100 A.M. from causes and an the date stated above. 19 66 saw the deceased alive on 22b. DAJE SIGNED 22a. SIGNATURE **ATTENDING** STAFF M.D. DIRECTOR PHYS. PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Touth 24. FUNERAL DIRECTÓR VR A15 (4) 20 M 1/66

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CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Baltimore a. STATE b. COUNTY Md. by the f Pages 1 urs after Balto. after MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) filled in by papers. Page 72 hours a c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Reisterstown Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS within 72 139 Westminster Road 139 Westminster Road YES NO K etely NAME DE First Middle Last DATE Month Day Year DECEASED DF DEATH comple (Type or print) George Boerner April 29. 19 66 6. COLOR OR RACE 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH NEVER MARRIED birthday) Months I Days Hours 1 1887 Male White Feb. 5. WIDOWED [DIVORCED [1Da. USUAL OCCUPATION (Cive kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and eas attending physic rmit. Then pleas Carroll Co. Md. USA Farmer certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Frederick Boerner Mary Stumpf 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the attend it permit. Address 5 (Yes, no, or unkown) | (If yes give war or dates of service) requires that the death un signed by the att burial-transit perm burial, cremation, 220-16-1029 Mrs. Ada A. Boerner Reisterstown, Md. No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). attending physician. EDEMA ULMONARY 2HRS, DUE TO HEART Cenditions, If any, which peen gave rise to Immediate as the prior to DUE TD cause (a), stating the underlying cause last. certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY Health PERFORMED? YES [NO V 10 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) this certification for the period of the per 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work should ith the S 21. I certify that (I) (this hospital) attended the deceased from 1950 to 1966 that (I) (we) last DIRECTOR: age 3 should iled with the 1966, and that death occurred at 6 A.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL DIRE director, page 3 should be filed v DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S 22d._ADDRESS 22c. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREDE NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 1966 St. Paul Cemeterv Upperco, Md. Burial 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. J. F. Eline & Sons Reisterstown. Md. VR A15 (4) 1/65 20M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04803CERTIFICATE OF DEATH ecuted within 24 haurs after death ompletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RITA and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Glencoe LIFE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 00 OLENCOE. ARYLAND NO X 3. NAME OF Middle Lost 4. DATE Doy Year DECEASED OF April 25, CHARLES GRAYSON BOSLEY 19 66 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 7 5 birthdoy) Months Doys Hours White Sept. 23, 1890 and in any DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. lease during most of working life, even if retired) INDUSTRY requires that the death certificate la physician en please Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Raymond Bosley Martha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unknown) (If yes give war or dotes of service) 216-07-5724 Mary E. Bosley, Same as # 2 burial, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) INTERVAL BETWEEN I-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by the burial-trans IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (o), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been detached far use as the e Dept. af Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased from 19___, that (I) (we) lost and that death accurred of R.A. fram causes and on the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, should 23d LOCATION (City or Town) (County)
Baltimore Co., Maryland 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Apr. 27, 1966 Bosley Cemetery 1050 Yorkanikissad 25o. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Vm. Cook-Brooks Towson Towson 4, Maryland 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPTY PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland a. COUNTY PM3. Page b. COUNTY deloy is and 3 to Baltimore MARYLAND Baltimore Deportment b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) and write RURAL and give neorest town) after Hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Timonium d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form Ridgely & Eastridge 2004 York Road YES NO EX tem 18. Give Poges hours after deoth. Office olong with 3. NAME OF Middle First 4. DATE Last Month Year OECEASED OF 4-19-66 DONALD E. BOSLEY 19 (Type or print) DEATH with 1 S. SEX 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 8. OATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED last birthday) Manths Male White WIDOWEO DIVORCED Octl -31-49 event 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? poges I 2 Student Maryland II.S A 14 MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within Charles Elwood Bosley Isabelle C. Thompson and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. remayal, Mr. C. Elwood Bosley, Same as # 2 18. CAUSE OF OEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Multiple injuries of pelvis and extremities 0 IMMEDIATE CAUSE (a)_ e, writing the word forworded to the Ch and second degree burns of face and legs. This certificote should cremotion, OUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying cause used os burial, c used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? please execute the certificate. designated ogent, prior to 20a. EXTERNAL CAUSE WAS PR∮MARY A or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) TAL EXAMINER: Driver of motorcycle into car CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While FUNERAL DIRECTOR: Page at wark Baltimore. Md. 8:15** 4 19 66 at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry [Inspection X ond in my opinion Natural causes . Accident . death resulted from: Suicide . Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Heolth ar i DEPUTY MEDICAL EXAMINER 4-19-66 **EXAMINER'S** Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 0 Bu REMOVAL (Specify) Apr. 22, 1966 Dulaney Valley Baltimore Co., Maryland 24. FUNERAL DIRECTOR 2Sa. REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1050 York Road Towson 4, Maryland Wm. Cook-Brooks Towson, VR A15ME (5 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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	vithi	completely filled in by ve carbon papers. Page event, within 72 hours		3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED DF
	ed v	omb e ca		(Type or print) Elsie D. Bosley DEATH April 9 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. 1 1 1 1 1 1 1 1 1
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		dent. dent by the attenctransit permit. cremation, or r		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
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	res t	pursiciali n signed t burial-trar burial, cre	3	Conditions, If any, which but the conditions of
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		r us		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PHYSICIAN:			20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 3 (IF EITHER, NOTIFY MEDICAL EXAMINER)
	YSIC	this cer detached e Dept. o		
		After the be de State [20c. TIME OF INJURY Month, Day, Year Hour a.m. Hour a.m. 19 19 19 2Dd. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. (City or town) (County) (State)
	TTENDING Triped by	0		21. I certify that (I) (this hospital) attended the deceased from Machael 1, 1900, to Morel 4, 1900, that (I) twee last
	E	IRECTOR:		saw the deceased alive on Legnal 19 19 and that death occurred at 23 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNATURE
				22a. SIGNATORE TO SUCCESSION OF STAFF OF THE
	ITAL	May SAL 1	1	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS (CO.2. O. 14. D. 4. O. C. CM. HAT 1 H.
	O HOSPITAL	rage 4 ma O FUNERAL director, p should be 1		Dr. Christian Mass 68/ Balls: Mate, Pept Click City
	101	dir sho		REMOVAL (Specify) REMOVAL (Specify) L-11-6 Safters Certain (City, town or county) (State)
		Λ	P	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
		R A15 (4))	Turky- Cornaughotts Catorwills, M.J. OAPR 13 1966 fallantes Judge

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1 M		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B CERTIFICATE OF DEATH	BALTIMORE 1, N	MARYLAND 114806
and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death	1.	a. CDUNTY Baltimore MARYLAND a. STATE Maryland	b. COUNTY	_ /
in by the s. Pages 1 hours after		b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		and give nearest tow
otely filled in bon papers. within 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Josephs Hospital Baltimore 21 d. STREET ADDRESS 133 N. Montford A	1224	e. IS RESIDEN
withi	3.		Month	YES NO Day Year
ent,	5.	(Type or print) William KILLIAN BOSSE DEATH	April 17 E (In years IFUNDER	19 66
any ev	1		t birthday) Months	Days Hours Mi
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7	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DORA FLECK	KENSTRIN	
	15	HENRY BOSSE DORA FLECH 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
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		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure 5 27 2 DUE TO Conditions, If any, which gave rise to immediate (b) Cause (a) stating the DUE TD DUE TD		INTERVAL BETWEE ONSET AND DEATH
	Z	underlying cause last. (c)		
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	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. P.m. 19 And While at work at work.		inty) (State)
		21. I certify that the telling attended the deceased from		that (1) (we) la
		saw the deceased alive on April 17 19 66, and that death occurred at 3: M, from the same signature		he date stated ado ATE SIGNED
		22c. PHYSICIAN'S DIRECTOR P	owson, Md.	il, 17,196
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7	2.00	REMOVAL (Specify)	LTO. Mo.	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funerand PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore 21214 **BEXIDAY** d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE DN A FARM? St. Joseph Hospital 4314 Arabia Ave. NO X YES etely NAME DE Middle Last DATE Month Year DECEASED 19 66 Catherine April Brockmeyer DEATH (Type or print) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 9. last birthday) | Months | Oays Hours July 22, 1881 Female White WIOOWED X DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done | physician in please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY COUNTRY? Baltimore, Maryland Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phy ermit. Then p n, or removal, Mary 15. WAS DECEASED EVEN NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) igned by the attrial-transit perm Richard Brockmeyer George 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction physician. IMMEDIATE CAUSE (a) been signed the burial-to or to burial, **OUE TO** Conditions, If any, which (b) gave rise to Immediate **OUE TO** cause (a), stating the prior underlying cause last. (c) 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. White Not While ATTENDING at work at work Р 66 to April 7. 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from April saw the deceased alive on April 7. and that death occurred at 4 P.M. from the causes and on the date stated above. 19 66 22a. SIGNATURE 22b. DATE SIGNED page ATTENOING STAFF PHYS. April 7, 1966 X DIRECTOR M.O. PHYS. director, pa HOSPITAL PHYSICIAN'S 22d. ADDRESS 22C. NAME (Type) 7620 York Rd., Baltimore, Md. 21204 M. Gayoso, M.D. Elmo 23a. BURIAL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Baltimore. Md. Kedeemer burial 24. FUNERAL OIRECTOR REC'O BY REGISTRAR 25b VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04808 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death the attending physician and completely filled in by the funeral sit permit. Then please I emove carbon papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 25 Days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital 1139 Ashburton Street NO A 3. NAME OF Middle First 4. DATE Doy Year DECEASED CHARLES 19 66 EDWARD BROWN APRIL 23 DEATH (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 9. AGE (In years 5/14/93 birthday) Months Doys Hours Male Colored WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Tube Shapper COUNTRY? Balto Copper Works Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James E. Brown Ida Quills 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 216-03-01-80 Clin. Records, VAH, Fort Howard, Maryland Yes 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p FOW HOUTS PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE IMMEDIATE CAUSE (o) be retained by the hospital or ottending physicion. DUE TO buriol L days PNEUMONIA Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse os the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? DIABETES MELLITUS NO A 101 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (% (this hospital) attended the deceased fram March 29, 1966, to April 23 1966, that (we) last should saw the deceased alive on April 23 19 66, and that death accurred at 7:45 Newton causes and on the dote stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** 1CL M.D. DIRECTOR PHYS. MUSHUMATER PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VA HOSPITAL FORT HOWARD MARY LAND Domingo E. Cabinum. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral hours after death. and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after Balto. Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Md. MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Reisterstown = Reisterstown bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS 24 ON A FARM? 302 Main Street 302 Main Street YES NO X executed within **Sempletely** carbon NAME OF First Middle Lest DATE Month Day Year DECEASED L. Elizabeth Bruehl. April 10, (Type or print) DEATH 66 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS please remove last birthday) Months I Days Hours White May 15, 1870 Female WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please r be Balto. Co. Md. USA Housewife **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Lochstampfor Elizabeth Croft the attenuit 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) 219-32-0245 Miss. Beulah Bruehl Reisterstown, Md. cremation, in signed by the burial-transit p burial, cremati INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] Pulmonary Edema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hrs DUE TO Conditions, If any, which Arteriosclerotic C.V. Disease vears O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the b should be filed with the State Dept. of Health prior to be gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? FT ON 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) Hour a.m. at work at work p.m. 19 19 50 to April 10 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Aug. 25 19 66 and that death occurred at 8P M, from the causes and on the date stated above. saw the deceased alive on 3 sho 22a. SIGNATURE 22b. DATE SIGNED filed ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 4-11-66 M.D. PHYSICIAN'S 22d. ADDRESS director, p should be f Strobel, M.D. NAME (Type) Martin E. St. Reisterstown. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. Burial (Specify) Reisterstown Methodist April 13.66 Reisterstown, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR J. F. Eline & Sons Reisterstown, Md. VR A15 (4) 20M 1/65

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CERTIFICATE OF DEATH 04810 Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL ond give neprest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS YES NO NAME OF Middle 4. DATE OF Manth DECEASED DEATH (Type or print) 9. AGE (Is years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DE B. DATE OF BIRTH Manths Days Haurs WIDOWED | DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) me 13. FATHER'S NAME Robert Louise Buchal 16. SOCIAL SECURITY NO. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 213-34-2150 INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which) gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year (County) (State) factory, street, affice bldg., etc.) Haur o.m. While Not while at work ot work p. m. 21. I certify that I attended the deceased fram. 13, 1966, that I last saw the deceased and that death occurred at 9 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL O FUNERAL DIRI PHYSICIAN'S Schwartz, NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24a. REC'D'BY REGISTRAR 24b. REGISTRAR'S SIG 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04811 CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY 1 ter a. STATE b. COUNTY the 1 Baltimore County Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b s. Page write RURAL and give nearest town) Catonsville 프 CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) bon papers. within 72 ho filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? Forest Haven Nursing Home 2927 Georgia Avenue #27 completely f YES NO X death certificate be executed within 3. NAME DF First 4. DATE Middle Last Month Oay Year DECEASED (Type or print) Burgess 196619 66 Elenda DEATH April 11. 6. COLOR OR RACE OATE OF BIRTH 9. ACF (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 7. MARRIED NEVER MARRIEO attending physician and cruit. Then please removed, and in any or removal, and in any or removal. birthday) Months | Days Hours | female white WIDOWED July 5, 1878 DIVORCEO [WIS. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INOUSTRY COUNTRY? Virginia U.S.A. Housewife at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kate Arnold Thompson ed by the attend transit permit. , cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) none Gertrude Lehem. 5009 Gwynndale Ave 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN aw requires that the ONSET AND OEATH PART 1. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. has been signed be as the burial-tran IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY this certificate h detached for use e Dept. of Health for use Health PERFORMED? YES [NO F CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, det 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While After Not While at work at work FUNERAL DIRECTOR: Aft director, page 3 should be should be filed with the St 21. I certify that (I) (this hospital) attended the deceased from 1966 ... that (I) (we) last saw the deceased alive on. and that death occurred at COM, from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SICNED Page 4 may l M.D PHYS. DIRECTOR PHYS. PHYXICIAN'S 22c. director, p AOORESS NAME (Type) Dr. John Shaw Edmondson Avenue 23a. BURIAL, CREMATION.I 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 2 REMOVAL_(Specify) Burial Baldwin Mem. Cemetery Millersville, Md. 4/13/66 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SIGNATURE Funeral Home 2601-03-05 E. Madison Street VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04812 CERTIFICATE OF DEATH

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		PLACE OF DEATH O. COUNTY BALTIMORE MA			AAA D	YLAND	2. USUAL RESIDENCE (NO. STATE MARYI	Where dece	osed lived, if instit b. CO	ution: Resider UNTY BALT	TMORI	odmissio	on)	
	b		If autside carparate limit:		c.	LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
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	d	. NAME OF HOSPIT	TAL OR INSTITUTION (If no	t in hospito	l, give s	treet oddress)		d. STREET ADDRESS				е	ON A F	DENCE ARM?
)		801 BI	EECHFIELD AV	JENUE		21229		801 BEECHF	IELD	AVENUE	21229	Y		NO X
	3. N	NAME OF DECEASED CL Type or print)	ARA OR CLAI	rst RE		Middle DAV IS		BURKE	4. DATE OF DEAT	1.77		Day 20,	Ye	66
	S. S		6. COLOR OR RACE	7. MARRIE	D 🔲	NEVER MARRIE	D D E	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	1 YEAR Dovs	IF UNDER	R 24 HRS.
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	13.	FATHER'S NAME			111	4-7010		14. MOTHER'S MAIDEN						
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	1S. (Yes	WAS DECEASED EVE s, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war or dates o	f service)	6. SOCIA	AL SECURITY NO.		JAMES M. B	URKE		dress ECHFIE	LD AV	VE.	#29
			e couse (o),	(o) 10 Ga	for (o), My lla	(b), ond (c).) focars h Rhy /. De	eleal thun	Infare and arte	lean	elevolie	·		ERVAL BET SET AND E	
,	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTIN	G TO DE	ATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	ndition Gi	VEN IN PART 1(o)			WAS AUT PERFORM S	
	MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205.	DESCRIE	BE HOW INJURY (OCCURRED. (Enter noture of injury in	Port I or P	ort II of item 1B.)				
	MEDICAL	20c. TIME OF INJ Hour o.i	10	W	ile vork	OCCURRED Not While of work		E OF INJURY (Home, forn ory, street, office bldg., etc.		(City or town)	(Co	ounty)		(Stote)
		21. I certify that (1) (this haspital) attended the deceased fram afril 16, 1966, to afril 20, 1966, that (1) (we) last saw the deceased alive an afril 20, 1966, and that death accurred at 1-500. M, fram causes and an the date stated above.												
		220. SIGNATURE TO Caplaleau M.D. ATTENDING MED. STAFF 1226. DATE SIGNED 4/21/66												
		22c. PHYSICIAN'S NAME (Type	1	F, C	OOLA	HAN		22d. ADDRESS 420	1 WII	LKENS AVI	ENUE			
	230.	BURIAL, CREMATION	4		23	C. NAME OF CEN	METERY OR (CREMATORY	23d.	LOCATION (City or	Town)	(County)) (5	Stote)
		REMOVAL (Specify		66			FAMI	LY CEMETERY		GORDON,				
		FUNERAL DIRECTO		/ 100	7	ADDRESS			D BY REGIS		REGISTRAR'S			
	HU	RRAKD FO	JNERAL HOME	, 410	/ WI	LKENS A	VENUE	#29 DAT P	726	1966 8	Charl	EV X	noge	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion director, page 3 should be detached for use os the buriol-transit permit. Then please should be filed with the State Dept. of Heolth prior to buriol, cremation, or removal, and VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

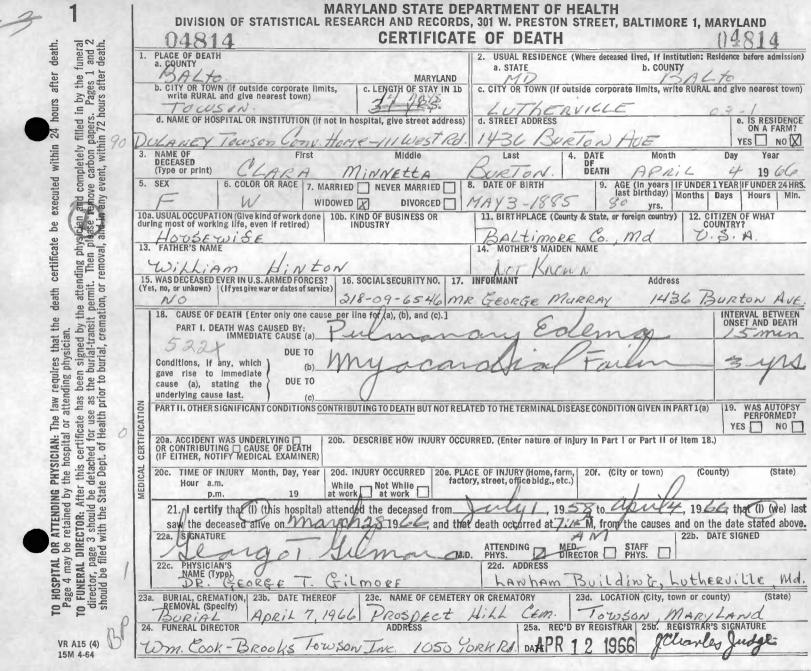
Page 4 may be retained by the hospital or attending physician.

completely filled in by the funeral way corbon papers. Pages 1 and 3 event, within 72 hours after death

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E Y.S.E	18. CAUSE OF DEATH [Enter only one cause per like for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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The law requires that to or attending physician. Tate has been signed buse as the burial-transalth prior to burial, cre	gave rise to Immediate cause (a), stating the DUE TO	
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PHYSICIAN. The law requirence the hospital or attending or this certificate has been detached for use as the bet to Dept. of Health prior to te	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	County) (State)
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TEND tained OR: hould hould	21. I certify that (I) (this hospital) attended the deceased from 19.5, to 23, 19 saw the deceased alive on 24, 19.6, and that death occurred at 20 M, from the causes and on	the date stated above
OR ATTENDING De retained by DIRECTOR. After ge 3 should be ed with the Stat	22a. SIGNATURE 1. L.	DATE SIGNED
MAL DI Page e file	M.D. PHYS. DIRECTOR PHYS.	124/66
O HOSPITAL OR ATTENDI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	NAME (TYPE) JAMSHID HAMED. Masonie Home	, water nes
Page TO FI	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or CREMOVAL (Specify)	
R	24. FUNERAL DIRECTOR ADDRESS VOK RD 25a. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25c. REGISTRAR 25c. REGISTRAR	AR'S SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 品等 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTYafter after by the Pages MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) carbon papers. Pagent, within 72 hours 24 hours OW Sel .5 OWSEN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO within Completely 3. NAME OF First Middle DATE Month Last 4. Day DECEASED any event, (Type or print) DEATH 19 xecuted 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. remove 7. MARRIED DATE OF BIRTH NEVER MARRIED WIDOWED I DIVORCED lease re and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician in please during most of working life, even if retired) INDUSTRY NONE certificate removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remov our OWA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address death (Yes, no, or unkown) (If yes give war or dates of service) KOW N 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sominal 142/19414 Ly Insth retained by the hospital or attending physician. DUE TO Peritoneal metastasis Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Cardiovascular NO X DISTASE YES [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While - Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 245 PM, from the causes and on the date stated above. saw the deceased alive on 19 00 22a. SIGNATUR 22b. DATE SIGNED 4 may be ATTENDING PHYS. M.D. DIRECTOR PHYSICIAN'S NAME (Type) 22d. **ADDRESS** Townson Kny Page DATE THEREOF BURIAL, CREMATION, 23b. 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town on county) REMOVAL (Specify) AUNERAL DIRECTOR REC'D BY REGISTRAR R 2 7 1966 SIGNATURE VR ALS (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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31730 20170 MARYLAND Towsen 10005010 Corners Salte Med Contra 222 Ridge AUE 1 BLANCHE GOTTIF BYROW Com 1-8-1889 79. NONE HELLEN PIARY LAND 11515 Ankoun Unkowa The Elwin Probable Statement Antiquiney with Peritoned melos roces Aptenoseleropic Confevescult ourses 22 22/h 32 01/h 31 22/h Grate mate med Center Francisco Sept strong 1988 13 181 2 185 Sept made Judge

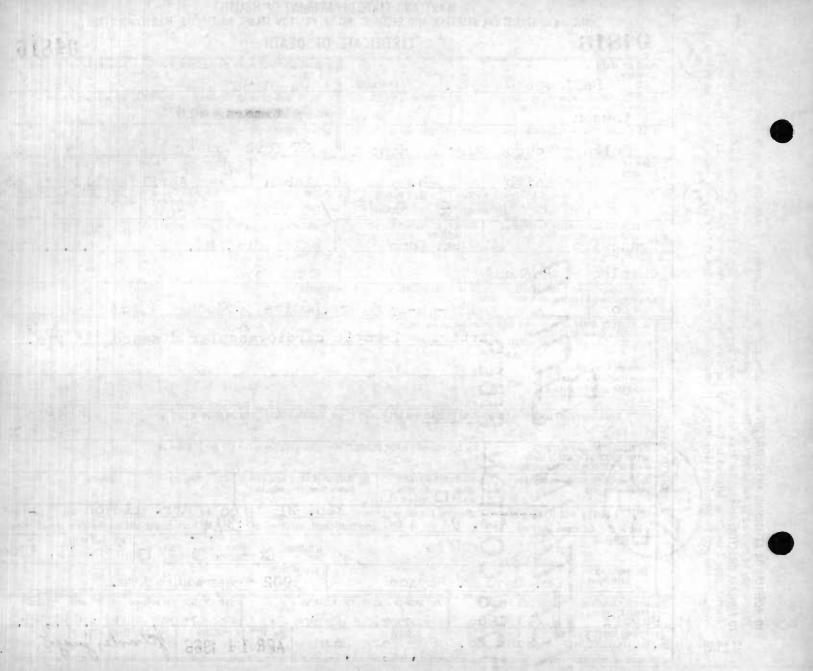
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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filled in papers. thin 72 ha	d. NAME OF HOSPI		in haspital, give street address) Narsing Home	d. STREET ADDRESS 27 Yor	k Court	e. IS RESIDENCE ON A FARM? YES NO
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die e	S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9/29/1879	9. AGE (In years last hirthday) 86 yrs.	IF UNDER YEAR IF UNDER 24 HRS. Manths Days Hours Min.
the ottending physician and completely isit permit. Then please remays carbon nation, or removal, and in any event, wi	10a. USUAL OCCUPATIO during most of warking Housewi	N (Give kind of work dane life, even if retired) I O	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
physic hen ple novol,	13. FATHER'S NAME Charles	S. Raphu		14. MOTHER'S MAIDEN Emma Bo	Ag	
ttending ermit. T n, or rer	1S. WAS DECEASED EV (Yes, na, or unknown) NO	ER IN U.S. ARMED FORCES? (If yes give war ar dates af	16. SOCIAL SECURITY NO. 216-46-1303	Mrs.Louise	Gordon (same)
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J FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	CATION		NTRIBUTING TO DEATH BUT NOT RELAT			19. WAS AUTOPSY PERFORMED? YES NO 🔀
certifice hed for		AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU			
er this e detac	Havr o.	m. 19	While at work O at work	Oe. PLACE OF INJURY (Hame, far factory, street, affice bldg., etc	.)	(Caunty) (State)
OR: Affer lould be chit the Stote	sow the c	leceased alive on A	ital) attended the deceased fr pr. 9 19 66, an	am_reb. 21 , id that death occurred a	19 66, to Apr. 8:30 M fram causes	11, 19 00, that (I) (we) last and on the dote stated abave.
TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	22a. SIGNATURE 22c. PHYSICIAN'	Lloy	7 E. Szeylo	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	Apr. 11, 1966
NERAL tor, pould be f	NAME (Type	Dr. Ilo		3902	Greenmount .	
Should should be	REMOVAL (Specif Burail	y) 4/13/1	.966 Lorrain	ne Park	Woodlawn	Balto Co Md.
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR W. Jenk	ins & Sons		Road APR	14 1966 80	liarles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 moy be retained by the hospital or ottending physicion.



MARYLAND STATE DEPARTMENT OF HEALTH

MADIN

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	U4014	CERTIFICATE	OF DEATH		113011
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	o. STATE	Where deceosed lived, if institution b. COUNTY vland	
		c. LENGTH OF STAY IN 1b		tside corporote limits, write RURAL	ond give neorest town)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			timore	
	TOWSON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, or	ive street address)	d. STREET ADDRESS	emior.e	e. IS RESIDENCE
		line zueer address/		2 1 1	ON A FARM?
	Mercy Villa			dmont Ave.	YES NO X
	3. NAME OF First DECEASED NO 77 5 0	Middle	Lost	4. DATE Month	Doy Year
	(Type or print) Nellie		llahan	DEATH April	21 19 66
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
П	F WIDOWED	DIVORCED 2	2/18/1883	83 yrs.	Molitis Doys Hours Mills.
		ND OF BUSINESS OR	11. BIRTHPLACE (County)	& Stote, or foreign country)	12. CITIZEN OF WHAT
		DUSTRY Home	Baltimo	ra. Md.	COUNTRY?
	13. FATHER'S NAME	Поше	14. MOTHER'S MAIDEN N		U D A
н	William J. Martin	AL TENNE	Alico TI	arra Curiasa	
	TO MIAC DECEASED SHED IN HIS ADMED CODOCCO	SOCIAL SECURITY NO. 17. II	MILLOG DI	oyd Spicer Address	
	(Yes, no, or unknown) (If yes give wor or dotes of service)				D
			Trani M. C	arranan,421	Regester Ave.
	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(o), (b), ond (c).)	+ 1, bo . 1	1 2:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	menosice	wa I ken	1,0)	
	4200 DUE TO	11 . ihr	AE	1 -	5 years
	Conditions, if ony, which gove (b)	(home the	my rai	une.	/ /
9	stoting the underlying couse DUE TO				TO TO COLUMN
G	lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
7	AATIO				YES NO
1	200. ACCIDENT WAS UNDERLYING CONTRIBUTING C	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in I	Port I or Port II of item 18.)	
		VJURY OCCURRED 2De. PLAC	E OF INJURY (Home, form	, 20f. (City or town)	(County) (Stote)
	Hour o.m. While		ory, street, office bldg., etc.)		
	p.m. 19 ot worl 21. certify that (I) (this hospitol) attent		7960 .1	9 to 4/21/	
	saw the deceased alive on 4/2	10 6 and that	death accurred of		nd an the date stated above.
	220. SIGNATURE		dedili decolled of	m, num cuosos di	22b. DATE SIGNED
	GIL GOOT	t M.D	ATTENDING PHYS.	MED. DIRECTOR D STAFF PHYS.	4172/6
	22c. PHYSICIAN'S	m.u	22d. ADDRESS	DIRECTOR L. PHIS. L.	(10)
	NAME (Type) Dr. Sol Smi	th		Belvedere Av	0.
				23d. LOCATION (City or Town	
1		23c. NAME OF CEMETERY OR C			
1	Burial 4/23/1966	St. Peter		Baltimore	STRAR'S SIGNATURE
	24. FUNERAL DIRECTOR	ADDRESS			Clarley Judge
	H. W. Jenkins & Sons C	O 4700 TOLK	. ILU . DATE AT	r 2 2 1966 &	and house

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and the event, within 72 hours after defi

REBER . Other begrettings of the color TALL STATE La Carta Land CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE

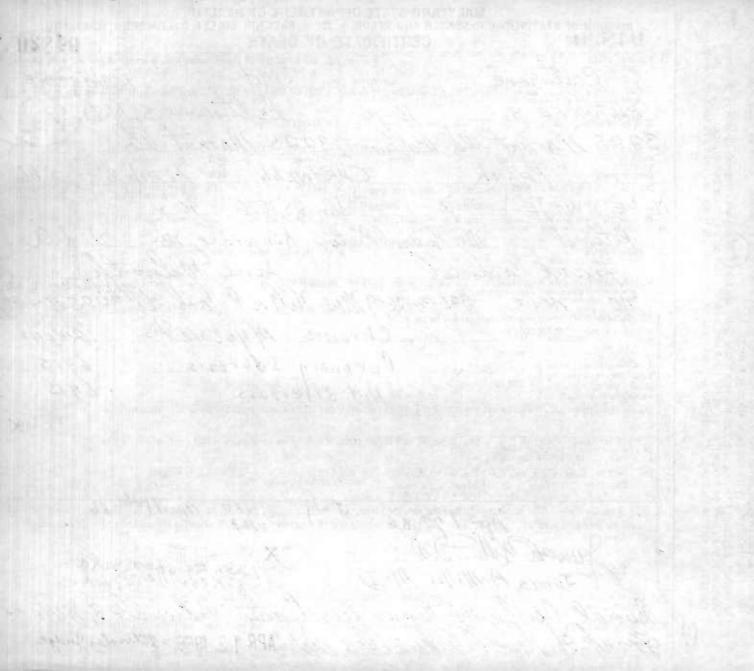
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death: hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY by the f Pages 1 urs after Baltimore Maryland MARYLAND b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b oon papers. Pag within 72 hours 21213 Baltimore = Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 58 Joseph Hospital Brendan Ave. NO _ YES within completely event, with NAME DE First Middle Last DATE Month Day Year DECEASED CAMPBELL (Type or print) Lawrence 1966 DEATH April 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED remove n any eve 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. male white Days Hours and WIDDWED DIVORCED Jan. 24. physician and physician please representations of the second seco = 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Retired Supervisor Aircraft Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then premoval Louis W. Campbell Annie Geisemman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) been signed by the att the burial-transit permi or to burial, cremation, c Mrs. Charlotte Campbell 3022 Brendan Ave. No 577-03-5642 A CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE (a). disease MINEXIM Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) has as ICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY certificate h thed for use of Health p 119. PERFORMED? YES NO T CERTIFI 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) O FUNERAL DIRECTOR: After this certi director, page 3 should be detached should be filed with the State Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While at work at work n.m. 66 to_ Apri. 19_66_ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 12: M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. April 17, 1966 DIRECTOR Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) D.R. Govinda Rao . 620 York Rd. 21204 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 1966 Mary s-Hamoden Burial St. Baltimore, Md. FUNERAL DIRECTOR REC'D BY REGISTRAR I 2Sb. REGISTRAR'S SIGNATURE Ullrich Funezal Home 4210 Belair Road. 1966 VR A15 (4) 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 apple PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) DAYS BALTIMORE FORT HOWARD filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 4701 Beaufort Avenue NO-NAME OF First 4. DATE Month Day Year DECEASED OLIVER W. CAPLE (Type or print) DEATH APRIL S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS last birthday) Months Haurs MATE WHITTE WIDOWED DIVORCED NOVEMBER 22. 1915 and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? SHIPPING BALTIMORE. MARYLAND U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME TEDDY J. CAPIE KATHERINE CROPPER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dotes of service) WW IT 78 | CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit p PART I. DEATH WAS CAUSED BY: RICHETTAND DEATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) þ XMXX PULMONARY EDEMA RECENT Conditions, if ony, which gave rise to immediate cause (a). CARCINOMA OF HYPOPHARYNX WITH METASTASIS TO DUE TO stoting the underlying couse as the the haspital ar attending FUNERAL DIRECTOR: After this certificate has been UNKNOWN CERVICAL LYMPH NODES, LUNG AND LIVER PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? use Health 1 CERTIFICATION PULMONARY FIBROSIS WITH EMPHYSEMA. CIRRHOSIS OF LIVER YES X NO far 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH d. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) at wark pe be retained by 3/31/66 21. I certify that (1)c(this hospital) attended the deceased from. to 4/5/66 19____, thot (we) lost shauld saw the deceased alive on_ 7:53 MM from causes and on the date stated abave ond that deoth occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 4/6/66 Walt to X DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LAWRENCE F. AWALT, JR., M. D. VAH FORT HOWARD, MARYLAND directar, should b 23d. LOCATION (City or Town)
BALTIMORE, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DAJE THEREO (Stote) REMOVAL (Specify)
BUR LAL LOUDEN PARK NATIONAL 6 REGISTRAD'S SIGNATURE Judge 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR WITZKE FUNERAL HOME VR A15 (4) 20 M 1/66 Gilmore & Hollins

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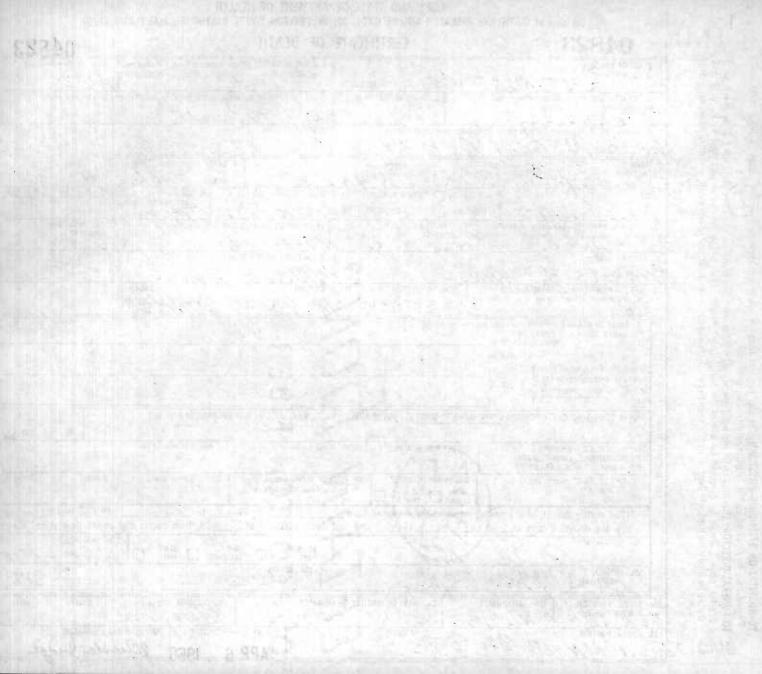
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0482324 hours after death puo I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If autside carparate limits, LENGTH OF STAY IN 16 outside carporate limits, write RURAL and give negrest town) write RURAL and give nearest town) TONSVILLE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 3. NAME OF First Middle 4. DATE Year DECEASED OF DEATH 1966 (Type or print) 50 event, The low requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH remove Manths ond in ony WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane during mast af working life, even if retired) INDUSTRY COUNTRY? physicion 955T. CHIEF CLERK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, na, or unknown) ((If yes give war or dates of service) 25-05-564 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending this certificate hos been WAS AUTOPS'
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1 a b. COUNTY Baltimore Bath'more MARYLAND faruland CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore .= Towson bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? 07 Andover No V YES within etely pou. 3. NAME OF First Middle Last DATE Month Day Year DECEASEO DF THOMAS CHARSHEA 4 n any event BENNETT D MD (Type or print) DEATH 19 66 executed 5. SEX 6. COLOR OR 7. MARRIED V 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. NEVER MARRIED Months I Days Hours MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? USA 3altimore SUPPLIER UM Baltimore 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then removal THOMAS TINGL been signed by the accession to the burial transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) MRS. HELEN MICHARSHEE WINKHOW WIN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: PNEUMONIA the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO ARCINOMA OF LUNG Conditions, If any, which MonTh gave rise to immediate as the prior to DUE TO ARCINOMA OF LARYNX cause (a), stating underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health The certificate PERFORMED? YES NO V PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20b. tached f MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d be d While Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 196 DIRECTOR: age 3 should iled with the saw the deceased alive on and that death occurred at _M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 4 may be r page ATTENDING DIRECTOR M.D. HOSPITAL FUNERAL director, p PHYSIC)AN'S 22c. 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Woodlawn. Burial Balto . Co., Woodlawn FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. Sons .Jenkins Co. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04825 requires that the death certificate be executed within 24 hours after death ond completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore o. STATMarvland b. COUNTY Baltimore MARYIAND c. LENGTH OF STAY IN 1h b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cat Ons VI give neorest town) Glen Arm 11 mths. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Box 24, Long Green Road 101 S. Prospect Ave. YES NO NAME OF First Middle 4. DATE Month Doy Year DECEASED 19 66 April 17 CHENOWITH MINNIE W. DEATH (Type or print) S SFX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) Months Dec. 2, 1878 Dovs Hours White Female WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore Co., Maryland Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME OERNKE Klaburner MELI Bornes 24 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, articknown) (If yes give wor or dotes of service) Long Green Rd. Mrs. Ernest Chenowith INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond signed by the burial-tronsit | buriol, cremoti ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the the hospital or ottending hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) of Heolth NO YES O FUNERAL DIRECTOR: After this certificate PHYSICIAN: Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office bldg., etc.) det Not While OR ATTENDING ot work ot work 1965, to 11-17, 1965 that (I) (we) lost 21. I certify that (I) (this hospital) attended the degeased from ro Hospital or Attend Poge 4 moy be retoined 1966, and that death occurred of 3 PM, from couses and on the date stoted above. saw the deceased alive on_ 220. SIGNATED ATTENDING M.D. DIRECTOR 22d. ADDRESS NAME (Type) Dr. James G. Howell 1011 Freerick Road director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL CREMATION. Bu PEMOYAL (Specify) April 19,1966 Parkwood Cemetery Baltimore, Maryland 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 1050 York Rd. Wm. Cook-Brooks Towson Inc. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04826 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) opletely filled in by the funeral PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

Fort Howard c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 24 Days Baltimore vithin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital 2126 N. Smallwood Street NO T 3. NAME OF DECEASED Middle First Last 4. DATE Day Year Ernest Collins Chew (Type or print) DEATH 9. AGE (In years S SEX 8. DATE OF BIRTH IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Months Days Hours 6/5/88 Male Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR Civil Service U.S.A. during most of warking lib even if retired) the attending physician sit permit. Then please pup Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harry Chew Fannie Johnson 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates af service) 82 24 V.A. Hosp. Clin. Records, Ft. Howard, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: GASTRO INTESTINAL BLEEDING SECONDARY TO UREMIC IMMEDIATE CAUSE (o) Esd(esdiche GASTRITIS DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) far use PULMONARY EDEMA AND CONGESTION, SEC. TO CHR. PYELONEPHRITIS, SEC. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.7 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. foctory, street, office bldg., etc.) 19 66, ta 4/1 , 1966, that XI) (we) last 21. I certify that X) (this haspital) attended the deceased fram_ 3/18 19 66, and that death accurred at 5/30MAfron causes and an the date stated above saw the deceased alive an 4/1 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 66 M.D. director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S VAH FORT HOWARD, MARYLAND MILTON GINSBERG. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 23a. BURIAL, CREMATION BIRTA (Specify) BALTIMORE, MD. BALTIMORE NATIONAL 25b. REGISTRAR'S SIGNATURE PHILLIPS FUNERAL HOME 250. RECD BY REGISTRAR 1701 N. MONROE ST. BATHENER 6 MD. 18 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDIINTY b. CDUNTY Baltimore Maryland MARYLAND b. CITY DR TDWN (if outside corporate limits. c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Joppa 21085 d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS within 72 St. Joseph Hospital 802 Bradley Rd. within etely pou 3. NAME DE Middle Last Month DECEASED and con-remove car (Type or print) Starlia Renee Church DEATH April executed 6. CDLOR DR RACE | 7. MARRIED 5. SEX 8. DATE DF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS NEVER MARRIED last birthday) Months Female April 5, 1966 White WIDDWED DIVORCED 10a. USUAL DCCUPATION (Cive kind of work done | 10b. KIND DF BUSINESS DR Jing physician Then please r 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) Baltimore, Maryland certificate None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Church. Norman R. Simms, Margaret S. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND the attend t permit. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Focal pulmonary hemorrhage, bilateral. Patent foramen ovale. Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the (c) Congenital polycystic kidneys. underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) use Health FICATI certificate for PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certidetached for the Dept. of MEDICAL 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While After d be d p.m. 19 at work at work 19 66 to April 5, 1966, that (I) (we) last April 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the .19.66 , and that death occurred at 7. A.M. from the causes and on the date stated above. th saw the deceased alive on 22a. SIGNATURE STAFF PHYS. Dage MED. M.D. DIRECTOR HOSPITAL FUNERAL TO FUNERAL director, p PHYSICIAN'S 22d. ADDRESS NAME (Type) D.R. Govinda Rao, M.D. 7620 York Rd., Baltimore, Md. 21204 DATE THEREDF 23c. NAME DF CEMETERY DR CREMATORY BURIAL, CREMATION, 23d. LDCATIDN (City, town or county) REMDVAL (Specify) "emorial Gardens Burial Belair Maryland 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTO 25a. REC'D BY RECISTRAR Eastern Ave. #21

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04828 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death and roletely filled in by the funeral carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). o. STATE Maryland a. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard Baltimore Davs oon papers. within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TY Veterans Administration Hospital 814 Williams Street 3. NAME OF Lost 4. DATE Month Yeor Doy DECEASED JAMES CONWAY (Type ar print) ANDERSON APRIL 19 66 DEATH IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Manths Doys Hours 1/26/15 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during most of working life, eyen if retired)
Auto Mech. U.S.A. **INDUSTRY** Cambridge, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal. Glen Conway Carrie Chaney 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service)
Yes
WWII 215-09-08-73 Clin. Rec. VAH. Fort Howard, Maryland 21052 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

PNETTMONT A W INTERVAL BETWEEN signed by the burial-transit p RECENT DEATH PNEUMONIA WITH PULMONARY EDEMA AND CONGESTION IMMEDIATE CAUSE (o) DUE TO CIRRHOSIS OF LIVER Conditions, if any, which gave YEARS rise to immediate couse (a). XXX XXX stoting the underlying couse **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been far use as the PERICARDITIS RECENT 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health 1 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Yeor foctory, street, affice bldg., etc.) Nat While ot work 21. I certify that 14) (this haspital) attended the deceased framMarch 28, 19,66, ta April 5, 19,66 that 16) (we) last saw the deceased alive an April 5, 19,66, and that death accurred at 11:00 Amm causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. Ewelen F. Geralio director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Lawrence F. Awalt, Jr. M.D. NAME (Type) VAH FORT HOWARD MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial 4/8/66 Baltimore National Cemetery Baltimore. Light Montgomery St APR 7 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Charles JOHN F. DENNY. INC. Baltimore, Maryland

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. and PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY etely filled in by the further bon papers. Pages 1 a within 72 hours after c a. STATE b. COUNTY after Maryland Ba 1timore Baltimore MARYLAND b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Towson 11days Lutherville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS ND X 21 Dunwich Road YES St. Joseph Hospital within etely carbon NAME OF First Middle Last 4. DATE Month Day DECEASED (Type or print) DEATH April 19 Corbin 66 Ioseph Linwood executed 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 190719. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | physician and c in please removed. Days WIDOWED DIVORCED [Maile White 58 April 27 1Da. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) pe COUNTRY? Bethlehem Steel U.S.A Baltimore, Maryland MOTHER'S MAIDEN NAME certificate 13. FATHER'S NAME attending ph rmit. Then remova Joseph S. Corbin Minerva M. Stiffler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) ed by the attend transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT Address death No 213-07-1828 Mr. Fred Fulford 23 Dunwich Road 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ed by th that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). Acute Myocardial Infarction signed burial-tr burial, DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health p certificate PERFORMED? NO X YES [this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from March 21 . 19 66, to April 1 . 19 66, that (I) (we) last and that death occurred at 5:30M, from the causes and on the date stated above. saw the deceased alive on April 1966 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. STAFF PHYS. April 1, 1966 PHYS. PHYSICIAN'S TO FUNERAL 22d. ADDRESS director, p NAME (Type) 7620 York Road Teodoro Caranga 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREDF (State) 23c. NAME OF CEMETERY OR CREMATORY REMDVAL (Specify) OCKEYSVILLE, MARYL 4-466 Dulanev Valley CEME 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 1050 YORK ROAD Charles 1966 VR A15 (4) TOWSON MO.

MARYLAND STATE DEPARTMENT OF HEALTH

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n 24 n 24 lillec paper hin 72	Mount Wilson State Hospital 1039 MAIDEN CHOICE LANE YES NO
cuted within 24 hours af completely filled in by the carbon papers. Page y event, within 72 hours a	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) CLARENCE EDWARD COSGROVE DEATH 4 17 19 66
0 376	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 6. DATE 7. DAT
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e death certificate attending is permit. Then nation, or remova	MICHAEL COSGROVE ISESSIE WINGFIELD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
deat e at permion,	No 216-03-1991 Hosp. records, Mt. Wilson State Hospital
> v =	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalised a belowing Continuous Continuous Superior Superio
The law requires that to or attending physician, ate has been signed buse as the burial-transalth prior to burial, cre	Conditions, If any, which DUE TO Primeroy Carcinoma - site unknown & year
required req	gave rise to immediate cause (a), stating the underlying cause last. (c)
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ATTENDING retained by CTOR: After s should be vith the State	21. I certify that T (this hospital) attended the deceased from 1966, to 4/17, 1966, that T (we) last saw the deceased alive on 1966, and that death occurred at 15 M, from the causes and on the date stated above
OR AT be ref IIRECT ge 3 s ed wit	22a. SIGNATURE 22b. DATE SIGNED
	M.D. PHYS. DIRECTOR DE PHYS. DI CALLETTOR DE
TO HOSPITAL Page 4 may O FUNERAL director, pa should be fil	Wm. NewComer, M.D., Superintendent Mount Wilson, Maryland 23a. BURJAL, CREMATICAL, 23b. DATE THEREOF 123c. NAME OF CEMETERY OF CREMATORY, 123d. LOCATION (CHy, town or county) (State)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission, BALTIMORE e. STATE b. COUNTY MARYLAND MO b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give nearest town) BALTIMORE d. STREET ADDRESS LTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? BLACK OAK RU 527 S. PATOM AC YES NO Year ANTONY JOHN (Typa or print) 1966 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthday) WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) SUGAR KISFINAN SUGAR REFINARY WORKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INKNOUN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT CHALMINSKI (Yes, no, or unkown) | (Ifyesgive wer or datasofservice) 861 PER ACK GAX 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! (Stete) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., atc.) While Not While Hour a.m et work at work 21. I certify that (i) (this hospital) attended the deceased from MRIL 20 1966 to RPNL2 1966, that (1) (we) last 19.6.6, and that death occurred al. 1.25M, from the causes and on the date stated above. saw the deceased alive on.. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) CREMATION, | 23b 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, 0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAN CERTIFICATE OF DEATH and 2 24 hours after death PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admissing a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY UN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Pagin 72 hours Pag write RURAL and give nearest town) ow Son d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within NO X n and completely f YES NAME DE First Middle DATE Last Month Day DECEASED (Type or print) DEATHCH 0 av 15 SEX 6. CDLOR-QR RACE DATE OF BIRTH 8. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED X DIVORCED 8 attending physician a ermit. Then please re on, or removal, and in 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTRY? eresent FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address has been signed by the atten as the burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **D HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that till Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION certificate hather than the standard for use at the standard of the standard than the standard the standard than the standard the standard PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this certified be detached for extra Dept. of 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m DIRECTOR: Al age 3 should iled with the S 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on A and that death occurred at 1300M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED o FUNERAL DIRE director, page 3 should be filed v ATTENDING PHYS. DIRECTOR PHYS M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) 2 1966 MORETAND MEM 24. BRO OKS VR A15 (4) BRADLEY. DUMDALK. 20M 1/65

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Raltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Owings Mills 12 years Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 13 Old Tollgate Road 13 Old Tollgate Road 3. NAME OF Middle DECEASED Elizabeth DeCoursey (Type or print) DEATH Apr il Marv 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months White Female WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working lite, even if retired) Baltimore. Md. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME McFadden Tresscott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Mrs. James L. Severe None Owings 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pulmonary Edema IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic C.V. Disease Conditions, if any, which ' geve rise to immediate couse DUE TO (e), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from April 8 , 19.66 to April 14 19.66 hat (I) (we) last saw the deceased alive on April 12 19 6 and that death occurred at 2N Morpm the causes and on the date stated above. 22a. SIGNATURE DIRECTOR T PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Martin E. Strobel, M.D. NAME (Type) 18 Main St. Reisterstown, 230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 4/18/66

VR A15 (4) 1SM 7-62

funeral

Burial

Loudon Park Cemeter v **ADDRESS**

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county) Baltimore, Maryland

(County)

e. IS RESIDENCE ON A FARM?

YES NO IX

19 66

Hours

U. S. A.

ONSET AND DEATH

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25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b / filled in by papers. Page hin 72 hours Towson Baltimore 21236 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE 24 ON A FARM? within St. Joseph's Hospital 211 Lyndale Avenue NO X within etely nog NAME OF First Middle Last 4. DATE Month Day Year **OECEASEO** April 16, 1966 R. Dickey, Jr. ם (Type or print) Joseph DEATH executed 5. SFX 6. COLOR OR RACE 3:3 7. MARRIEO NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Hours White Male 1966 WIDOWEO I OIVORCED [attending physician ermit. Then please in 10a. USUAL OCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Maryland U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theresa Maria LiPira Joseph Dickey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or n 16. SOCIAL SECURITYNO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) none same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary hemorrhage; pneumonia, physician. signed IMMEDIATE CAUSE (a) burial-burial **OUE TO** law requires Conditions, If any, which (b) been gave rise to Immediate the r DUE TO cause (a), stating the prior underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY Health PERFORMEO? certificate YES X NO [0 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18,) of detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. at work at work ATTENDIN retained 19 66 to Apri] 16 . 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from April 3 should with the 19 66 16, and that death occurred at 6:00M, from the causes and on the date stated above. April saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED OR e DIR page ATTENOING MEO. STAFF April 16. 1966 OIRECTOR PHYS. M.D. PHYS. HOSPITAL FUNERAL PHYSICIAN'S 22c. 22d. AODRESS should be director, NAME (Type) 7620 York Road Govindo Rao, M.D. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 burra 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Ruck Inc Baltimore. Md. VR A15 (4) 20 M 1/65

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	s af by tl Pages Irs af			corporate limits, write RURAL and give nearest town
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	filled papers in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	TITTED 1	e. IS RESIDENCI ON A FARM?
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	retained by the hospital or attending physician. CIOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then place remove carbon point he State Dept. of Health prior to burial, cremation, or removal, and to any event, with the State Dept.	5. SEX 6. COLOR OR RACE 7. MARRIED NE	OVER MARRIED 8. OATE OF BIRTH	9. AGE (In years IFUNOER 1 YEAR IF UNDER 24 HR: last birthday) Months Days Hours Min.
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-	ECTO 3 sh with	saw the deceased alive on 3/2	1966, and that death occurred at 328 M	from the causes and on the date stated above
	OR be	Oscar Ferrander	M.D. PHYS. MED. DIRECTO	STAFF STAFF
	TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with the	22c. PHYSICIAN'S OSCAR FERNA	ANDINI 22d. AOORESS	1110. 25
	Page 4 m O FUNERA director, should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY OR CREMATORY 23d.	LOCATION (City, town or county) (State)
	5 5 8	REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR	lew Cathedral	Baltimore, Md
	OP			Baltimore Md. egistrar 25b. registrar's signature
	VR AI5 (4)	Raymond C. Fink Gle	en Bernie, Md. APR 5	1966 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Baltimore Marvland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town)
Reisterstown months Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Box 364. Nicodemus Road Box 364. Nicodemus YES NO 3. NAME OF Middle 4. DATE DECEASED George (Type or print) H. Dombaugh DEATH April 19. 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months White Male Nov. WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Brick Works Lancaster. Penna. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Dornbaugh Maria Heisler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addracod emus (Yes no, or unkown) (Ifyesgivewarordetesofservice) Mrs.Etta S. Dornbaugh, Reisterstown, 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Adenocarcinoma of bowel 14 mos. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (6) gave rise to immediate cause DUF TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) While Not While fectory, street, office blde., etc.) Hour a.m. at work et work none 21. I certify that (I) (this hospital) attended the deceased from 2-21-66 19...., to 4-19-66 ..., 19....., that (I) (**) last saw the deceased alive on 4-15-66 22b. DATE 22a. SIGNATURI ATTENDING 4-19-66 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) D. D. Caples, M. D. Hanover Rd., Reisterstown, Md. 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Greenwood Cemetery Remova Lancaster, Penna. 24 PUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Owings Mills, Md. DAAP

VR A15 (4) 15M 7-62

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04838CERTIFICATE OF DEATH within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corparote limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give neorest town) ove carbon papers. Pay event, within 72 haurs Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? .⊑ d. STREET ADDRESS filled Deer Park Rd. Route 2 Deer Park Rd. Route 2 YES NO 3. NAME OF Middle 4. DATE First Month Lost Day Year and campletely DECEASED Albert S. Dosh April (Type or print) DEATH 19 66 IF UNDER 24 HRS. PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH AGE (In veors hirthday) Manths Hours Male White 4/1/1890 n any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY during mast af warking life, even if retired) COUNTRY? and Horseman's Bookkeeper U.S.A. Racing Business Baltimore City

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal. Charles Dosh Laura Gosnell 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address -transit permit. , crematian, ar re Route 2 Deer Park Rd. (Yes, na, or unknown) (If yes give war ar dates of service) Mrs. Martha B. Dosh- Reisterstown Mid BETWEEN No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH alaid Lentrening IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the priar ta **DIRECTOR:** After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES [NO work far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year 20f. Haur o.m. foctory, street, affice bldg., etc.) Nat While OR ATTENDING ot work 1966, that (I) (we) las 21. I certify that (I) (this hospital) attended the deceased from. retained 4-15 1964, and that death occurred at 1140 M, fram causes and on the date stated above sow the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING X M.D. DIRECTOR r, page 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL TO FUNERAL NAME (Type) director, shauld b 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Randallstown, Md Ward's Chapel Burial 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) Loring Byers-8728 Liberty Rd. Randallstown 20 M 1/66

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased livad, If institution, Residence before admission) a. COUNTY a. STATI b. COUNTY Baltimore files. MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ector. write RURAL end give nearest town) Essex (21) Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State 2103 Middleborough Rd. YES NO 2103 Middleborough Rd. retaine NAME OF Middle DATE Month Year to the f DECEASED OF Φ (Type or print) EDMIND DOTTERWEICH DEATH 19 death. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and birthday) Months | Days Male White 1898 WIDOWED DIVORCED March 13. 2,2 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page Pages 1, dona during most of working lifa, aven if ratired) Balto. Maryland lester Shipvard USA File pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Dotterweich Anna Streckfus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivewerordatesofservice) pue Mary Dotterweich Same 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH + A-5-C-V-PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO ŏ Conditions, if any, which (b) cremation, ro geve rise to immediate causa pending DUE TO as Examiner (e), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION burial, pe PERFORMED writing the word Chief Medical E NO 3 should 20b. DESCRIBE AND INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. pri 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, : Month, Day, Year 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Hour e.m. While Not While at work et work OR: 0 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection / Inquiry designated DIRECT Accident // Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER be for ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED ii s SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 6 EXAMINER'S 6800 Mornington Rd da Dundadk 22 y Md NAME (Typa) M. B. Davis, MD. Health 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country REMOVAL (Specify) Q 4 0 Sacred Heart of Mary Baltimore Co., Md. Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62 Funeral Home 1407 Eastern Ave. #21

STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04840 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY. a. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR LOWID (If gutside carparate limits, write RURAL and give nearest town) (write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 00 NAME OF Middle 4. DATE First Last Manth Day DECEASED UMMON 19 (Type or print) DEATH SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths any WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give wor ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' signed by DUE TO burial, Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TA far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour a.m. Nat While at work at wark 1962 ta 19 41, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. be retained 19 64, and that death accurred at M, fram dauses and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION (County) (State) REMOVAL (Specify) mirk 2Sa. REC'D BY 24. FUNERAL DIRECTOR **ADDRESS** REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04841 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death deoth puo filled in by the funeral n popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission a. COUNTY b. COUNTY BALTIMORE BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) popers. Pag hin 72 hours (write RURAL and give nearest tawn)
FORT HOWARD 31 DAYS Essex - 21221 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? hin VETERANS ADMINISTRATION HOSPITAL 106 S. MARLYN AVENUE YES NO X pan 3 NAME OF First Middle 4. DATE Manth Day Year DECEASED CALVIN H. DUNCAN APRIL 5 66 (Type ar print) 19 DEATH S. SFX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. Months Hours MALE WHITE FEBRUARY 16. WIDOWED DIVORCED the ottending physician ond sit permit. Then pleose ren 10o. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR ond in 11. BIRTHPLACE (Caunty & Stote, ar fareign country) 12. CITIZEN OF WHAT **INDUSTRY** U.S.A. BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo ALEXANDER S. DUNCAN NOMA V. CUMMINGS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war or dates of service) 0 219 10 15 CLIN RECORDS VA HOSPITAL, FT HOWARD, MD. cremotion, CAUSE OF DEATH (Enter anly one couse per line far (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: CARCINOMA OF LUNG WITH CEREBRAL METASTASIS HTABITENOVERYOU signed by IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause Page 4 moy be retained by the hospital or ottending as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? of Heolth NO this certificate YES far 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m Not While factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After ot wark at wark 21. I certify that (4) (this haspital) attended the deceased fram 3/5/66 saw the deceased glive on _, that (14 (we) last director, page 3 should should be filed with the 11:00PM causes ond on the date stoted above. saw the deceased alive on, and that death accurred at 22b. DATE SIGNED 4/6/66 22o. SIGNATURE ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LAWRENCE F. AWALT. JR. M. VAH FORT HOWARD, MARYLAND D. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BALTIMORE NATIONAL BALTIMORE. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 20 M 1/66 & PA. AVE. BALTIMORE, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY BALTIMORE b. COUNTY MARYLAND MARYIAND filled in by the papers. Pages hin 72 hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BAITIMITIRE BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3301 A TIM BRE MEDICAL JAWNVIEW NO YES carbon p within NAME OF Middle Last Month Day Year DECEASED 12 comple Dushel (Type or print) DEATH 19 66 MARY enty eyen 5. SEX 6. COLOR OR RACE I 7. MARRIED DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Ist birthday) | Months | Days | Hours | Min. NEVER MARRIED [FEMEL 6 WIDOWED TI 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR physician n please r = 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be INDUSTRY COUNTRY? NINE Housewife at home GERMANY U. A. A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova IIN KNAWN Alexander Drixler BUKNOWN. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Louise Palton, dght. above none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the been signed the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE or attending physician. IMMEDIATE CAUSE (a) DUF TO PRESBYCARDIA Conditions, If any, which gave rise to Immediate **DUF TO** cause (a), stating the has be as the prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? The CATI certificate for us Healt LEUKAEMOID BLOOD PICTURE YES NO T the hospital 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) tached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (Clty or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m 0 21. I certify that (1) Ithis hospital) attended the deceased from 19 1966 and that death occurred at 7.50 M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SICNED director, page 3 STAFF PHYS. M.D. DIRECTOR TO HOSPITAL (Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 4/16/66 Holy Redeemer Cemetery Bal timore, Md. 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE **ADDRESS** eral VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

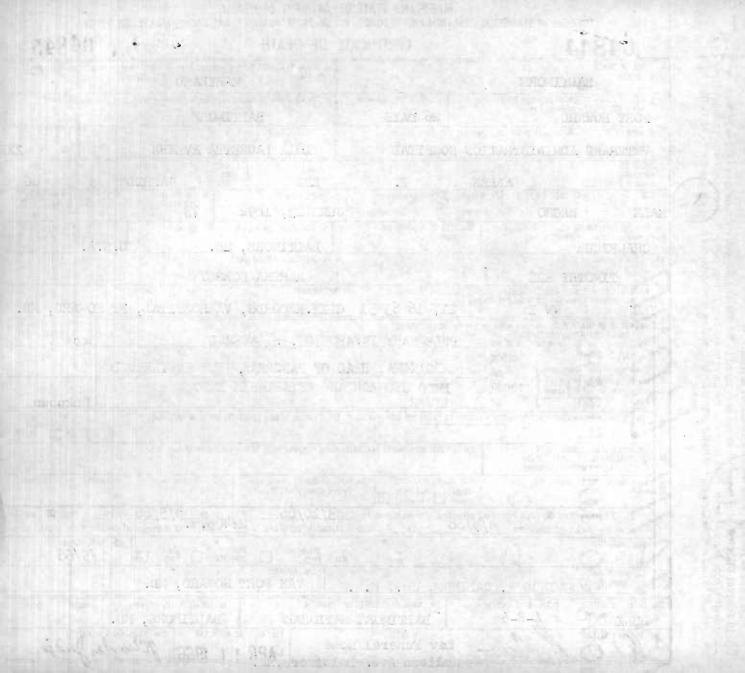
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PLACE OF DEATH a. COUNTY			E (Where deceased lived, If Institution	n: Residence before admission
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b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RU	RAL and give nearest town)
LANSDOWNE		Lansdo		A 2 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	enital give street address)	d. STREET ADDRESS	WIIC	e. IS RESIDENCE
	ospital, give street address)			ON A FARM?
2215 Sulphur Spring Road	1	2215 Sulph	ur Spring Road	YES ND
3. NAME DF First DECEASED	Middle	Lest	4. DATE Month	Day Year
(Type or print) MARY	Ε.	EAKMAN	DEATH CIPUL	17 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED	DIVORCED	Mar.19,1885	last birthday) Monti	ns Deys Hours Min.
1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Ki	IND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country) 12	CITIZEN OF WHAT
Janitress	IDUSTRY			COUNTRY?
13. FATHER'S NAME		Adrian,		U.S.A.
Charles Jerrells		Elizal	(
(Yes, no, or unkown) (If yes give war or dates of service)		INFDRMANT	Address	
No 20	08-09-8267 M	rs. Mary A.	Musgrave Fre	edom, Benna.
18. CAUSE DF DEATH [Enter only one cause per lin				I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		celusin		ONSET AND DEATH
IMMEDIATE CAUSE (a)	ronary O	commi	· ·	Lucia
DUE TO	. /		11	
Conditions It any which t	1 00	Tra C.	110	5
Cenditions, if any, which gave rise to immediate (b)	terrile	rutte (a	ude Vanue	as 5 years
gave rise to Immediate cause (a), stating the DUE TD	Disease	nutie (a	uche Vanuel	as 5 years
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 114844 requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please removersathan papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
FORT HOWARD 26 DAYS BALTIMORE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1811 LAURETTA AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO XXX 3. NAME OF First Middle 4. DATE Month Doy Year DECEASED event ALLEN F. EBB APRIL 1966 (Type or print) DEATH IF UNDER 1 YEAR I IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years birthdoy) Dovs Hours JUNE 23, 1892 MALE NEGRO WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and BALTIMORE, MD.

14. MOTHER'S MAIDEN NAME S.A. CHAUFFEUR 13. FATHER'S NAME TIMOTHY EBB MARTHA DORSEY IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 217 16 63 31 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ecent DEATH burial-transit PULMONARY INFARCTION. BILATERAL IMMEDIATE CAUSE (o) signed DATECTOR CARCINOMA, HEAD OF PANCREAS, WITH INFILTRATION Conditions, if ony, which gove rise to immediate couse (o), INTO STOMACH AND METASTASIS INTO DIMENTO stoting the underlying couse has been LIVER Unknown PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? for use YES X NO O FUNERAL DIRECTOR: After this certificate 4 may be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (X) (this hospital) attended the deceased fram_saw the deceased glive on 4,5,66 19 and the 4/5/66 , 19 , that (4) (we) last 3/10/66 and that death occurred at 2:40 PM, From couses and on the date stated above saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 4/5/66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MD. NAME (Type) DOMINGO E. CABÍNUM. JR., M.D. directar, shauld be 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, (County) (Stote) 4-8-66 BALTIMORE NATIONAL BALTIMORE, MD. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Law Funeral Home VR A15 (4) 20 M 1/66 leavely Madison Ave. Baltimore, Mt



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1.	a. COUNTY BALTI				MARYLA		2. USUAL RESIDEN a. STATE		daceasad lived, If b. COUI		idence befor	re admission
_	b. CITY OR TOWN	(if outside con	rporate limits	3,	c. LENGTH OF STAY		c. CITY OR TOWN		rporate limils, writ	a RURAL and g	give naarest I	town)
	Write RURAL at	nd give nearas MORE	it town)				BALTIMOR	F			12	- 1
			TITUTION (if	not in hosp	ital, giva street address)		d. STREET ADDRESS				e. IS	RESIDENCE
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3	NAME OF DECEASED		First		Middla		Last	4. DATE	Mont	h	Day Y	Year
	(Type or print)		NATH	AN		E	GORIN	DEAT	H AF	PRIL	15 1	19 66
S	. SEX	6. COLOR	OR RACE	7. MARRIED	NEVER MARRIED] B.	DATE OF BIRTH		9. AGE (In years	-		DER 24 HRS.
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1	ona during most of v	ATION (Give ki	ind of work	10b. KIN	ND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Cour	nty & State, o	r foreign country	12. CITIZI	EN OF WHA	T COUNTRY
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1;	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME				
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	1			causa per lir	na for (a), (b), and (c).]	,					INTERVAL ONSET AN	
	PART I. DEA	TH WAS CAU		1	4 mal	1/1	zerscer	200			-5 -	405
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CAT										1.3.5	YES _] NO [
CERTIFICATION		G T CAUSE C	OF DEATH	2Db. DES	CRIBE HOW INJURY OC	CURRED.	(Entar nature of injury in	Part I or Pa	rt II of item 18.)			
MEDICAL	20c. TIME OF IN.		h, Day, Yaar				E OF INJURY (Homa, farr		ity or town)	(County	y)	(State)
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	21. I certify	that (1) (th	nis hospita	al) attend	ed the deceased t	rom	Jer-	19(/., to	4-1	15, 19.6	Chat (I)) (we) las
	saw the decei	ased alive	on. 4	-14	19.6.6, and	that d	eath occurred at	J.M. from				
	22a. SIGNATORE	1			1			1	STAFF			22b. DATE SIGNED
	10	ne	n	//	relation	M.D	Datase T	MED. DIRECTOR	PHYS.	4/10	6/66	SIGNE
	22c. PHYSICIAN'	S	R. IR	VIN SI	LUBER		22d. ADDDESS	ADV UT	TOUTS A	TALLET.		
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	NAME (Typ	TION, 23b.	4/17/				NSHE KURLAN	D		RUN, M		
	NAME (Typ	TION, 23b.	4/17/	66	BETH VEHU	DA A	NSHE KURLAN	D	HERRING	RUN, M		

BARTHERE THE SHEET SHAME VALUE OF THE STATE OF THE STATE THE CONTRACTOR COMP 22 - 10 CIPI/II/1 - TISSON TISSON - 271740 NURCHASING AGEST - DICHOUS CONTO CO - BALTINGSE, MARVLAUD -WHO IS ET TILLIER ABBAHAH ERROTH GARRESTANDERSON ELECT MEMORIE ENTERED ELECT WATER THE TANK OF THE PARTY OF THE STORES THE SHEET STATE STATE SHEET AND STATE STATES THE STATE STATES THE SOL LEGINGON & BOOK TWO ACTO RECESTERS TO THE APR 21 1955 PEVENTA PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 114847 04846 CERTIFICATE OF DEATH within 24 haurs after death and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) FORT HOWARD BALTIMORE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL E. Baltimore Street YES NO T 3. NAME OF Middle 4. DATE pan Year Doy physician and completely DECEASED OF DEATH ELARDO 19 66 SAMUEL J. 21 APRIL (Type or print) requires that the death certificate be executed S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED Y 8. DATE OF BIRTH **NEVER MARRIED** birthday) Haurs 1/16/21 WIDOWED DIVORCED MATE WH THE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pup BALTIMORE, MARYLAND COOK USA RESTAURANT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROSARIO ELARDO ANTIONETTE MN: UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 220 09 32 92 CLIN. RECORDS. VA HOSPITAL, FT HOWARD. MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC CORONARY THROMBOSIS UNKNOWN Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PEREORMED? CERTIFICATION NO far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (this hospital) attended the deceosed from. 4/21/66 and that death accurred at ?: 20P M, from causes and an the date stoted obove. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATUR MED. DIRECTOR **ATTENDING** STAFF PHYS. 4/22/66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, pur NAME (Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND BALTIMORE, MARYLAND 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) BURIAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1101 Edmondson Ave DABaltimore.

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	NAME AND ADDRESS OF THE PARTY O		drawo	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral ... Pages 1 and 2 haurs after death requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COLINTY PALTIMORE NTUCKY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) van papers. Pag within 72 haurs MONTHS LOUISVILLE OUISON e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Elvira Cour MNOWA TYES | NO X ely NAME OF Middle Last DATE Manth Day DECEASED Bertie MBRY RIL (Type ar print) DEATH SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Haurs DIVORCED dn pup 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g IISHAL OCCUPATION (Give kind of work done 11. 8IRTHPLACE (County & State, or foreign country) and in during most of warking life, even if retired) INDUSTRY COUNTRY? TOOL TDIE MAKER FNTUCKY COMPANY 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME crematian, ar remaval, ANEY H219 DARWELL RD. BALTIMORE, MARYLAND IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, nonor unknown) (If yes give war ar dates af service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY PRTERIOS CLEROTIC CARDIOYASCULAR DISEASE IMMEDIATE CAUSE (a) attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause the has been prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health NO N O FUNERAL DIRECTOR: After this certificate by the haspital ar PHYSICIAN: p 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) Nat While O HOSPITAL OR ATTENDING at wark at wark 21. I certify that (1) (this haspital) arrended the deceased fram 1966, that (1) (we) last shauld be retained 1966, and that death accurred at 10-15P.M. from causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE STAFF **ATTENDING** directar, page 3 shauld be filed v M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S BALTO.12 MERIDONE ELIAS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Tawn) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 30,1966 IEMORUM! ARDENS OUISVILLE BURIAL

LOSD YORK ROAD WUSON MARYLAND 21704

TOUSON.

2Sb. REGISTRAR'S SIGNATURE

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2Sa. REC'D BY REGISTRAR

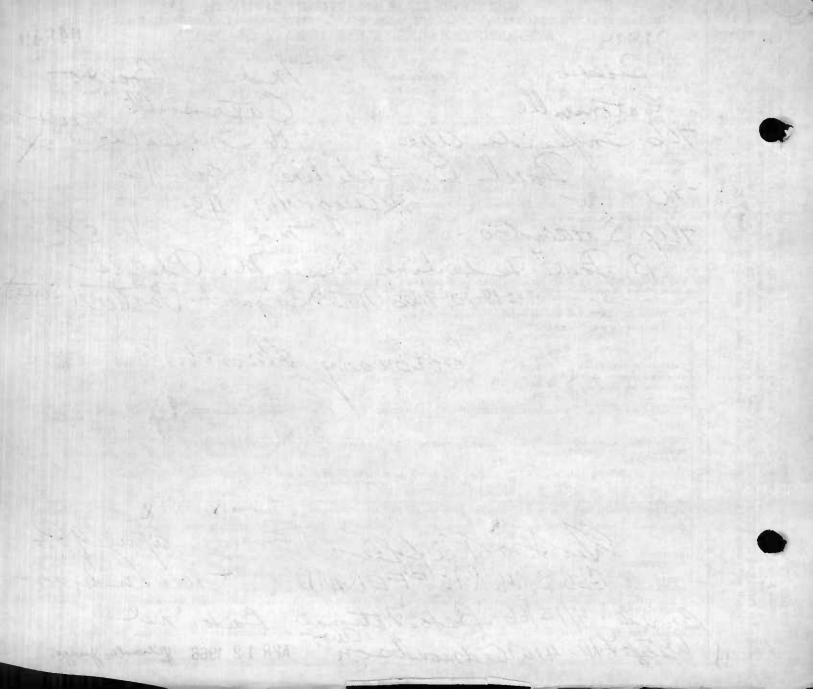
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24. FUNERAL DIRECTOR UM. COOK DROOKS TOWSON

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REAL PROPERTY.						
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DE 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN d. NAME @ NAME OF DECEASED OF DEATH (Type or print) 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. Months WIDOWED KIND OF BUSINESS OR INDUSTRY 12. CLTIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yas, no, or unkown) | (Ifyasgiva war or datas of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gava rise to immediate ceuse DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing Chief 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, straet, offica bldg., etc. While Not Whila Hour a.m. et work at work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Y and in my opinion death resulted from Latural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE 0 EXAMINER'S NAME (Typa) 22d. LOCATION (City, town, or country (Stata) 940 REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
	M	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH	050
hours after death	funeral and 2 r death.	1. PLACE OF DEATH 2 . USUAL RESIDENCE (Where deceased lived, If Institution: Residence be a. COUNTY	fore admission)
fter	the first 1 there	DALIMERE MARYLAND MAL DAL	10
is a	Page ours a	b. CITY OR TOWN (If outside corporate limits, in LENGTH OF STAY IN 1b) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OUD CRAF	nearest town)
P P	ed ir ers. 72 hc		IS RESIDENCE ON A FARM?
in 24	things the	-17- Wood crot I the 2772 Woodcrot I My YES	
with	carbor nt, wi	3. NAME OF DECEASED (Type or print) BERNARD Middle FEELLey S. 4. DATE OF DEATH APRIL 10	19 (C
The law requires that the death certificate be executed within or attending physician.	m and completely filled in by the firenove carbon papers. Pages 1 in any event, within 72 hours after		UNDER 24 HRS. Hours Min.
pe ex	Se Le	10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 11. FIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF during most of working life, even if retired) INDUSTRY	WHAT
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certii	nding The remo	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 174 INFORMANT	
leath	ermit on, or	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 214-01-4078 Margaret V. Fech Ley - James	e
e de	y the Isit p Ematin	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	AL BETWEEN AND DEATH
that dician	l-tran	153 AMMEDIATE CAUSE (a) CALL ENDONG of Gumbalay Colors	
ires phys	sign buria buria	Conditions, if any, which gave rise to immediate (b)	
requ	the or to	cause (a), stating the DUE TO	
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PHYSICIAN: The law requires that the hospital or attending physician	certif	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. W P YES	
ATTENDING PHYSICIAN: retained by the hospital	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicient director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 20f. (City or town) 4 work 20f. (Cit	(State)
NDIN ned t	and but be Steen S		(I) (we) last
OR ATTENDING be retained by	shot shot	saw the deceased alive on 4/8 1966, and that death occurred at 12 M, from the causes and on the date s	
De De	DIRE age 3	Screen R Jaher M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 4/10/8	66
TO HOSPITAL Page 4 may	director, page should be filed v	220. PHYSICIAN'S NAME (Type) TOSEDH R. LIBERTO, M.D. 3508 BANT ST Bullo 2	uf 21225
TO HO	direc shoul	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 4-13-1966 CARSENS TAIL BALLO.	(State)
VP.	115 (A) DP	24 FUNERAL DIRECTOR ADDRESS ADDRESS	URE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. n and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-							- I off	1 P F F
1.	PLACE OF BEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDEN e. STATE	NCE (Where deceased	lived, If Institution b. COUNTY	n: Residence	before admission)
	b. CITY OR TOWN (if of write RURAL and g	outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	If outside corporat	e limits, write RUI	RAL end give	e nearest town)
	WITTE NORME allu g	ive nearest town)			Baltimore	21224	20	-4
	d. NAME OF HOSPITAL	OR INSTITUTION (if not in h	ospital, give street address)				0.	IS RESIDENCE
		St. Joseph Fosp:	ital	110	1 S. Ellw	ood Avenu		ON A FARM?
=				11				ES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
	(Type or print)	William	J.	Feehley	DEATH	4	15	1966
5.	SEX 6. CO	OLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGI	(In years IFUNI birthday) Month	DER 1 YEAR	Hours Min.
	Male	White WIDOWED	DIVORCED	11-6-94	7	I yrs.	S Days	nours with.
10	. USUAL OCCUPATION (G	ive kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fo	reign country) 12	. CITIZEN C	F WHAT
uui	ing most of working in		NDUSTRY undel Corp.	Baltimo:	ra Md.		COUNTRY	
13	. FATHER'S NAME	321	ander oor p.	1 14. MOTHER'S MAI				
-		-1-7		277 3 3-	-4h 77			
1	ernard Fe	NII S APPED FORCES 1 16	SOCIAL SECURITY NO. 17.	INFORMANT	eth Feen	Address		
		give war or dates of service)						
	no	21	4-01-2117 H	ilda Feehl	Ley IIOI	S.Ellw	A boo	ve
	18. CAUSE OF OEATH	[Enter only one cause per l	ine for (a), (b), and (c).]					T AND DEATH
	PART I. DEATH V	VAS CAUSED BY:	Marconn	dial Infarc	+1.00		UNSE	I AND DEATH
	4201	IEDIATE CAUSE (a)	- Fyocar	ulat imarc	CTOH			
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	gave rise to imme	diate (b)						
	cause (a), stating							
z	underlying cause last	. / (0)	ITHIO TO DESTRUCTOR		DIAFTACE CONTRICTION	NI OUTEN IN DADT I	(a) 119.	WAS AUTOPSY
CERTIFICATION	PART II. UTHER SIGNIF	ICANT CONDITIONS CONTRIBU	JIING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	. DISEASE CONDITIO	JŅ GIVEN IN PART I		PERFORMED?
ERTIF	20a. ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER, NOTIFY M	UNDERLYING 20b. I	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	of Injury In Part I	or Part II of Item	18.)	
	20c. TIME OF INJURY		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home,	farm, 20f. (City	or town)	(County)	(State)
MEDICAL	Hour a.m.	While	Not While	ory, street, office bldg.,	etc.)	or town)	County)	(State)
ME	p.m.	19 at worl	at work					
	21. I certify that	t (I) (this hospital) attend	ed the deceased from					at (1) (we) last
113	saw the decease	fi sa sa a	15, 19 66 and tha	it death occurred at	2:45M, from t	he causes and o	n the date	stated above.
	22a. SIGNATURE					22b.	DATE SIG	
	Uto Ca	Mallan	M.	D. PHYS.		HYS.	pril]	15.1966
	22c. PHYSICIAN'S	00000		22d. ADDRESS	DINEDION ELL			
	NAME (Type)	Teodulo Pagl	inauan Jr.	76	20 York R	oad - 2	1204	
23	BURIAL CREMATION		1 23c. NAME OF CEMETER			ON (City, town or		(State)
23	REMOVAL (Specify)	A TO CA						
24	BUT1AL FUNERAL SURECTOR	4-19-66	Cathedral	cemetery	EC'D BY REGISTRA	imore, Ma	AR'S SIGNA	TURF
24	ONETAL MIRECTOR	- 1 V.	ADDRESS	10 - 111				edge.
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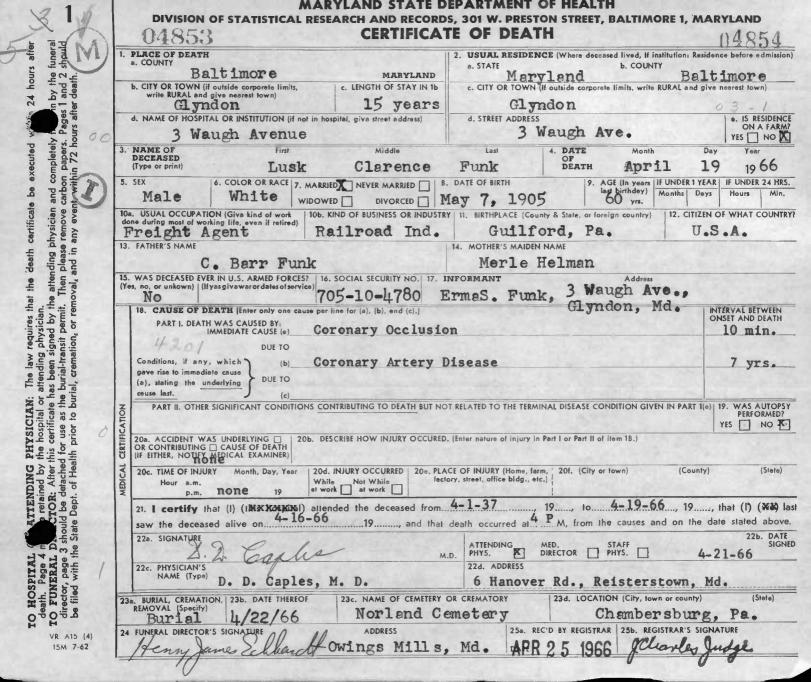
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110		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	MARVIAND
TATE		04851 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04.259
VI)		PLACE OF DEATH COUNTY Baltinore C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) 2. USUAL RESIDENCE (Where deceased lived, if institution as STATE b. COUNTY MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	Baltimace
30		Edgemene I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	Is residence On a farm? YES \(\) NO \(\)
		NAME OF DECEASED (Type or print) Conzie E, Flening Death H-	23 - 1966
	10a doi	WIDOWED DIVORCED 1-14-895 Torinday) Months USUAL OCCUPATION (Give kind of work eduring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.	Days Hours Min. CITIZEN OF WHAT COUNTRY?
	13.	Laborer Shipyand Goochland Co., Va. FATHER'S NAME Lhanles W. Fleming TLNKNOWN	U,S.A.
	15. (Ye:	WAS DECEASED EVED IN HES ADMED CODOCES 114 SOCIAL SECURITY NO. 1.17 TRYPORTERS AND	doe Farm Rd.
		PART I. DEATH WAS CAUSED BY: HARDIATE CAUSE (a) P-5-e-V-DISEAS & Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)	8 Mms
0	FICATION	.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P. 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SICAL CERTIFI	PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	County) (State)
	MEDI	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	and in my opinion
	3	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
2	22a	EXAMINER'S NAME (Type) DOULS MU - 6800 MAGNIGHT LINE, TOWN OF GOUNTY) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 10wn, or cour REMOVAL (Spacify)	try) (State)
2	23.	FUNERAL DIRECTOR ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE
al	1	Sandolphy. Gollick 243/E. Oliver St. DATAPR 29 1966 your	eles Judge

DAS TARED Eddenoune Edecinence 344 m Lodge Lanktu 244 Letter From Page Centile E Flowing # - 27 - 64 1-14-1895 71 1021c Neone Lakenen Shipyand Greekland Co, Lan Wisher Personal Services Chamber W. Fleming All the state of t Burger 4-21-18 Artural variants to Anturas , 186 Raublet Wellicks + 5 Ellis on St. 120 general

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04852 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death completely filled in by the funeral love corbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 26 DAYS Baltimore Fort Howard e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Veterans Administration Hospital 2722 Lodge Farm Road NO TO YES | 3. NAME OF 4. DATE First Lost Month Doy Year DECEASED ELIJAH (IMM) 19 66 FREEMAN APRIL 27TH (Type or print) DEATH IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED XX NEVER MARRIED emove birthdoy) Months Doys Hours Colored 1/29/89 Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ease COUNTRY? INDUSTRY North Carolina Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the offending phy sit permit. Then Mar tha Ann Charles Freeman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 0 217-14-08-36 Clin. Records. VAH. Fort Howard. Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE IMMEDIATE CAUSE (o) DUF TO MARKED PULMONARY EDEMA AND CONGESTION DAYS Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ARTERIOSCLEROSIS MODERATE OF THE CORONARY VESSELS YES K NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that the this haspital) ottended the deceased from April 1, 1966, ta April 27, 1966, that we last saw the deceased alive an April 27 1966, and that death accurred all:45 M. Mam causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 4/28/66 M.D. PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) HOSPITAL, FORT HOWARD, MARYLAND GINSBERG. M. D. director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) 5-3-66 BALTIMORE NATIONAL 250. REC'D BY REGISTRAR ZSB. REGISTRAR'S SIGNATU Burial 24 FUNERAL DIRECTOR 1966 BALITIMORE, MD

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	1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
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24 hours after death	funeral and 2	1.	PLACE OF DEATH Pallemine County 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY TOTAL	
ter	the f		a. COUNTY TOWSON MARYLAND ASTATE ED. COUNTY HOWA	1174
S	by t Page Irs a		b. CITY OR TOWN (if outside corporate limits, write RURAL and g write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and g	ive nearest town
hour	= 0	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS	e, IS RESIDENC
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executed within	completely ve carbon l event, with	3.	NAME OF First Middle Last 4. DATE Month Da DEGEASED	
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cute		5.	E 3-25-05 last birthday) Months Days	Hours Min
exe		10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	V DF WHAT
e pe	physician n please val, and in	dur	ring most of working life, even If retired) INDUSTRY (INTO HAIL U.S. VI) S	A
ficat	en pl oval,	13.	B. MATHER'S NAME	
certi	rding ph Then remova	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
ath	attending phermit. Then in, or remova		(es, no, or unkown) (If yes give war or dates of service) 2/2-2(1-3952 Owen B. Fugua Sr. Old Annapolis Ro	ad E.C.I
e de	t per		I 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c), 1	ERVAL BETWEEN
#	cian. ed by the transit cremat		PART I. DEATH WAS CAUSED BY: metastatie lum, from	SEI AND DEATH
s the	ysiciar igned l rial-tra rial, cr		DUE TO / + D	
uire	ding ph been si the bur ir to bur		Conditions, If any, which gave rise to immediate cause (a) stating the DUE TD	
v rec	ending phoas been sing the pur sion to bur prior to bur pur sion to bur sion t		cause (a), stating the condition of the	
The law requires that the death certificate be	e has se as th price	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	. WAS AUTOPSY PERFORMED?
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PHYSICIAN:		CERT	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYS	the h this detac detac	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (County)	(State)
	After After d be State	MEC	p.m. 19 at work at work	
ATTENDING			10%	that (I) (we) las
FA	S sh with		22a. SIGNATURE 22b. DATE S	
	blage 3		quale a. Torres M.D. ATTENDING DIRECTOR DIRECTOR PHYS. 4-	27-66
PITA	4 may ERAL or, pa		22c. PHYSICIAN'S NAME (Type) Lucile A. Torres Greater Baltmore Medical C	KNTEr
TO HOSPITAL	Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a		(State)
10	P P S		Burial 5-2-1966 St. Johns Ellicott City, Ma	MATIE
	2		4. FUNERAL DIRECTOR ADDRESS 25a. REG'STRAR 25b. REGISTRAR'S SIG	NATURE
V	R A15 (4)	I,	F.C. Higinbothom, Ellicott City, Ma DAMAY 2 1966 Schooles J	noge

23378 TORE STORES the pilopane in Series Lands, Med. Camber XOUTH NEW YORK AND All the three own B. Toger Br. Old Avengalia nad. T.C. W. Se 100 Bil. which doos to 1-2-1; si " ingre WALL STREET PARTY I SEE R. C. Richerston, Milcoln City. . 2

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04855 FOR STAN HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY 10 death. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) and 15 min 21208 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours NO S 3. NAME OF Middle 4 DATE Manth Year DECEASED ROBERT within DEATH 6. COLOR OR RACE 9. AGE (In years IF UNDER NEVER MARRIED lost birthdoy) WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT of working life, even if retired) INDUSTRY COUNTRY 2 13. SATHER'S NAME _ puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Medical permit. (Yes, no. or unknown) I(If yes give wor or dotes of service) removal. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSEL AND DEATH 10 IMMEDIATE CAUSE (a) should Ward cremation, DUF TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? nord. NO X designoted agent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) PRIMARY SO OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc. (City or tawn) (Caunty) (State) Nat While moy be retoined for your FUNERAL DIRECTOR: Page of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry K ond in my opinion death resulted fram: Natural causes , Accident . Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ar its 22. DATE SIGNED TO DEPUTY APLES, InD. 5 moy TO FUNE Health Address (Silvert, city town, or county) NAME (Type) the 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY BALTIMORE o. COUNTY MARYLAND BALTIMORE Page 3 to af a MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b ond write RBUTTOSive neorest town) after ARBUTUS e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) hours Give Pages 1, 21227 5530 WILLYS AVENUE 5530 WILLYS AVENUE YES NO XX 21227 ofter death. 3. NAME OF Middle 4. DATE Month with the Stowithin 72 B Lost Year DECEASED APRIL 11. 166 MX M. DEATH (Type or print) IDA GESELL 1 IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 79 birthdoy) Months Dovs Hours in Item 18. 12-1-86 FEMALE WHITE WIDOWED 24 hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY MARYLAND page in on forwarded to the Chief Medical Examiner pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within IDA SILBERKAHN FRED SHAMBERG puo 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dates of service) or removol. pending MRS. ELLA BELL, 308 OAKLEE VILLAGE 21229 NONE NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) writing the word buriol, cremotian, DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse O nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO T ogent, prior to 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge ot work of work please execute designoted 21. I certify that I took charge af the remains described obove, held an Autopsy Inspection | Inquiry X and in my opinian Maturol couses the funerol director. death resulted from: Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** Address (Street, city, town, or county) 1010 LEEDS AVENUE GEORGE SM. KIEFFER NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 50 BURTAL (Specify) 4-14-66 BALTIMORE, MARYLAND LOUDON PARK CEMETERY 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) HUBBARD FUNERAL HOME, 4107 WILKENS AVENUE #29

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. and 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND Mar vland b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b completely filled in by to ove carbon papers. Page r event, within 72 hours a write RURAL and give nearest town) hours Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES certificate be executed within NAME OF DATE Month DECEASED (Type or print) DEATH 19 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED 8. 9. 7. MARRIED last birthday) | Months | Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME remova F 50 15. WAS DECEASED EVER IN U.S. ARMED FORCES d by the attend transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unknwn) (If yes give war or dates of service) 205 4th Ave Glen Carolyn Simonds 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH signed by urial-transi PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a been so buria. DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) has The law as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health use PERFORMED? certificate YES [NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) detached for this MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work P 21. I certify that (I) (this hospital) attended the deceased from. 3 should with the _M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 22a. SIGNATURE DATE SIGNER page PHYS. DIRECTOR M.D. may HOSPITAL FUNERAL 22C. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or 2 Buria Parkwood Cemetery Baltimore 24. UNERAL DIRECTOR Raymond VR A15 (4) DATE

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9. W. Gilbert

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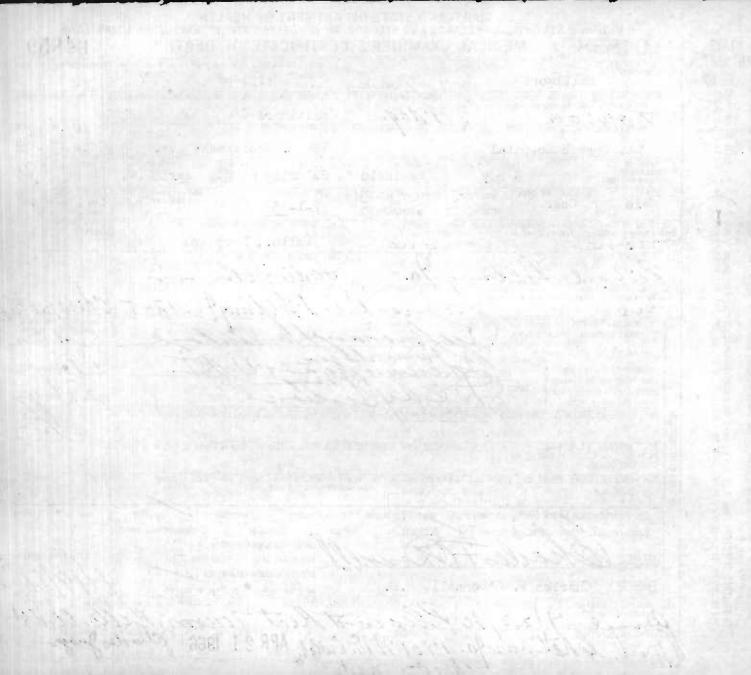
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		04858 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (14859)
HEALTH DEPT.	1.	PLACE OF OEATH a. COUNTY Baltimore MARYLANO 2. USUAL RESIDENCE (Where deceased lired, If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore
Pera Pera		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Tar may		07 2011
S may Departme		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Je. IS RESIDENCE
	7	St. Joseph Hospital 124 E. Chesapeake Ave.
Page Page State hours	3.	
M3.	0.	DECEASED (Type or print) Randy Reginald Goldring DEATH April 19, 19 66
th PP	5.	SEX 6. COLOR OR RACE 7 MARDING NEVER MARDING 18. OATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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oul hief		underlying cause last. (c)
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icate, wie forwarde forwarde 3 shou	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) County Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) Place of Injury (Home, farm, factory, street, office bldg., etc.) P
MIN d b d b age	-	21. I certify that 1 took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
EKA les. Rr.		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
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ute ge you you its		SIGNATURE CONTROLLES TO ASSISTANT MEDICAL EXAMINER 22. OATE SIGNED
Y Par		DEPUTY MEDICAL EXAMINER
Tor. sed		EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. Address (Street, City, town, or county)
DEPUT please director. retained FUNER of Healt	23	BERIAL, CREMATION, 23b. DATE THEREOF 23c DAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (State)
of registration of		Dungl 1/22/66 llarand Men Tollow / Mello, Wille
N. C.	P.	4. FUNERAL DIRECTOR ADDRESS MCC AND REGISTRAR'S SIGNATURE
VR A15ME (5) 5M 1/65	4	Mrs. V. Machier you. 1101 1111 Culloging the Lat 1000
	6	1/201 7001



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF OEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY deoth. MARYLAND ent ent b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 «. CITY OR TOWN (If outside topporate limits, write RURAL and give nearest town) pup PM3. write RURAL and give negreet town 2 hrs 22 m Randallatown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d. STREET ADDRESS e. IS RESIDENCE -ON A FARM? hours NO X NAME OF First Middle 4 DATE Month Doy Year **OECEASEO** (Type or print) within DEATH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 3 irthday) Months WIDOWED DIVORCED ond 2 event 10o, USHAL OCCUPATION (Give kind of work done during host of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign count) 12. CITIZEN OF WHAT dyindolost of working tree, even it retired agent INDUSTRY Lairs Bring COUNTRY 2. ony Chief Medical Examiner's pages in ony pencil 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME WOLKENFELD pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Bal (Yes, no, or unknown) (If yes give wor or dotes of service) permit. removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSEJ AND OEATH 0 IMMEDIATE CAUSE (o) This certificate should writing the word cremation, DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO prior to YES 20o. EXTERNAL CAUSE WAS PRIMARY ★ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. plnods himsel MEDICAL 20c. TIME OF INJURY Month, Oav. Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Poge ot work please execute 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinian the funeral director. death resulted from: Accident . Suicide X Undetermined manner Natural causes Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER ro FUNE Heolth NAME (Type) Address (Street, city, town, or county) 230. BURIAL, CREMATION, 23b. OATE THEREOF 5/7/66 23d. LOCATION (City or Town) (Stote) REMOVE PROLETY) BALTIMORE, MARYLAN 24. FUNERAL DIRECTOR 2So. REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADORESS** VR A15ME (5) SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN 6M 1/66

MOREN.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET AODRESS ON A FARM? Within GLENMORE YES NO V executed within completely 3. NAME OF Middle Month Oay DECEASED Main ood win UFRROW (Type or print) DEATH 19 66 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS етоме 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIEO NEVER MARRIEO Irthday) Months Hours any and MALT WIDOWED DIVORCED [10a. USUAL OCCUPATION (GIVE kind of work done | 10b. KIND OF BUSINESS OR 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician death certificate be please during most of working life, even If retired) INOUSTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal, 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. | 17. AINFORMANT the attencit permit. (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) signed I 5 9 been s. DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the as th prior underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) for use Health PERFORMED? NO T YES 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 19. DIRECTOR: / age 3 should lied with the the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 5 05 PM. from the causes and on the date stated above. 19 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENOING : 20 Us DIRECTOR director, pa PHYSICIAN'S 22d. ADORESS NAME (Type) BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (State) 23d. OCATION (City-ctown or cour NERAL DIRECTOR VR A15 (4) 20M 1/65

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FOR STATE	1	OIOOI	CERTIFICATE OF DEATH	04862
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4 _ 0	L CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. Took narcotics	(Enter nature of injury in Port I or Part II of item 1B.) s and sedative	
3 and	MEDICAL	Hour o.m. While Not While foct	ory, street, office bldg, etc.)	ounty) (Stote)
MEDICAL EXA please execute l director. Page retained for ya L DIRECTOR: Page its designated		21. I certify that I took chorge of the remains described abave, he	eld an Autopsy, Inspectian, Inquiry, ide, Hamicide, Undetermined manner	and in my opinion
MEDICA please e pleast and director retained L DIRECT its design		ACTUAL SIGNATURE WEEK CUSE	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
o DEPUTY MEDICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained for your o FUNERAL DIRECTOR: Page Health or its designated age	000	EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D.		4-27-66
To I		D. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL SPECIAL 4/28/66 ANSHE EMUNAH-		
VR A15ME (5)	5	OLUMERA DIENSON & BROS. INC. 6010 RETSTERSTOWN	N RD 250 APOR B2 REGISTRAS 66 256. REGISTRAS S	es Judge

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DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY hours b. COUNTY by the fand 2 death. Baltimore Ohio MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give neerest town) write RURAL and give nearest town) Xenia .⊆ Lutherville be executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? College Manor Home E. Church St. YES NO completely papers. 3. NAME OF Almeda Middla 4. DATE DECEASED OF DEATH (Type or print) within 19 Gowdy carbon 9. AGE (În yaers | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and last_birthday) Months 31,1865 Female WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Housewife Home Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending Isiah J. Wolf Julia Folkreth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawarordatasofsarvica) the Richard W. Gowdy Lutherville, Md. None 1B. CAUSE OF DEATH [Entar only one causa par lina for (a), (b), and (c).] be retained by the hospital or attending physician. INTERVAL BETWEEN DIRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transit permi ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7.t delen DUE TO Conditions, if any, which gave risa to immadiata cause DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION use as PERFORMED? prior NO 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, ! 2Df. (City or town) (County) (Stete) factory, streat, office bldg., atc.) Hour a.m. While Not While at work at work saw the deceased alive on 4 days and that death occurred at.... and that death occurred at... 22a. SIGNATURE 22b. DATE ATTENDING. SIGNED death. Page 4 PHYS. DIRECTOR PHYS. director, page difector, page 22c. THYSICIAN'S 22d. ADDRESS NAME (Typa) Brown 550 N. Broadway Balto.. Ernest 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) Xenia. Woodlawn Ohio ial-Translit 24 FUNERAL DIRECTOR'S SIGNATURE Mitchell-Wieder 256. REC'D BY REGISTRAR 256. REGISTRAR'S, SIGNATURE itchell-Wiedefeld Home 6500 York Rd. VR A15 (4) 20M S-63

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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral lirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
n and completely remove carbon in any event with
ttending physicia nit. Then please or removal, and i
has been signed by the at as the burial-transit pern prior to burial, cremation,
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1.	PLACE OF DEAT a. COUNTY	Н				2	USUAL RESI	IDENCE	(Where dec	eased lived, I	finstitu	ition: Res	idence I	before a	dmission)
		u. 0001111	Bal+4	imore		Manus		a. STATE			b. c	OUNTY				
		b. CITY OR TOW	N (if outside cor and give neares	porate limits	S, C.	LENGTH OF STAY		daryland		utside cor	porate limits	, write	RURAL as	nd give	neares	t town)
			Balt.	more				Baltimo	re 2	21224			3	0 -	+	
		d. NAME OF HO	SPITAL OR INSTI	TUTION (if no	t In hospit	tal, give street add	dress) d	STREET AOOR						8.		IOENCE
8			St.	Joseph	Hospi	ital		3809 Fa	it A	lve.				YE	ON A I	NO
1	3.	NAME OF DECEASED		First		Middle		Last		4. DATE	M	onth		Day	Ye	ar
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	5.	SEX	6. COLOR OR R	ACE 7. MAR	RRIEO	NEVER MARRIEO	8.	DATE OF BIRTH	Н	9.	AGE (In yea	ars IF (
		Female	White		OWED X	DIVORCED		ot. 7,			last birthda		onths D	ays	Hours	Min.
	10a	a. USUAL OCCUPAT	ION (Give kind of ing life, even if r	workdone 1 etired)	INDUS	OF BUSINESS OR	1	1. BIRTHPLAC	CE (Cou	nty & State,	or foreign cou	ntry)	12. CIT	NTRY?	F WHAT	
		Homemake:	r		Own A			German	ny				U.		<i>A</i> .	
	13.	. FATHER'S NAM	Alexano	J M J		1 .	14	MOTHER'S								
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		No			215-	-50-1761	Mas	Hedy Yo	חמנוכ	61	95. 8	atar	Str	ant		
		18. CAUSE OF	DEATH [Enter on	ly one cause	per line f	or (a), (b), and (c).]	77	- Luig	<u> </u>	1	2011		INTERV	AL BE	
		PART I. OF	ATH WAS CAUSE IMMEDIATE CA	O BY:	Ceret	oral thron	mbosi	. left.					201	ONSET	ANO (DEATH
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		Conditions, If		(b)												
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		underlying caus		(c)												
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	ICA.													YES	ERFOR	NO X
0	RTIF	20a. ACCIOENT	WAS UNDERLYIN	G C 20	Ob. DESC	RIBE HOW INJURY	OCCURRE	O. (Enter natu	re of in	njury in Pa	rt I or Part	II of It	em 18.)			
		(IF EITHER, NOT	NG CAUSE OF MEDICAL EX	AMINER)												
	CAL		NJURY Month,	Day, Year 2	od. INJUR	Y OCCURRED 20	e. PLACE C	F INJURY (Hom	ne, farn	n, 20f. (City or town)	(Count	y)	(5	tate)
	MEDICAL	Hour a.n			While work	Not While at work	tactory, s	treet, office bld	ag., etc.	.)						
		21. I certif	v that (I) (this			he deceased fro	m Apr	11 5.	19	66 to	April	6.	1966	that	(1) (v	(e) last
			eased alive on			19 66 , and										
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			odulo J.						ork	Rd.,	Baltim	ore	, Md.	21	204	
	23a	BURIAL, CREM	ATION, 23b. O	-1966		C. NAME OF CEM	ETERY OR	CREMATORY		23d. LO	CATION (City	town	or count	An	1	ate)
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	24.	. FUNERAL OIRE			1001	AOORESS	1	25a.	PREC'E	BY REGIS	TRAR 25b,	REGIS	STRAR'S	SIGNAT	URE	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending offysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()4865

1. PLACE OF DEAT a. COUNTY	Baltimore	MADVIAND		SIDENCE (Where deceased Maryland		n: Residence before admission)
WITTE KUKAL	VN (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TO	WN (If outside corporat		RAL and give nearest town)
Dundalk d NAME OF HO	SPITAL OR INSTITUTION (if not in	22 years	Dunda			00-1
		nospital, give street address)	d. STREET ADD			e. IS RESIDENCE ON A FARM?
	411 Louth Road		3411	Louth Road,	21222	YES NO DE
3. NAME OF DECEASED (Type or print)	First MARY	Middle	Last GREGOR	4. DATE OF	Month	Day Year
5. SEX	6. COLOR OR RACE 7. MARRIE		8. DATE OF BIRT			6 - 19 66
Female	White WIDOWE		Sept. 6	last	t birthday) Month	DER 1 YEAR IF UNDER 24 HRS. IS Days Hours Min.
10a. USUAL OCCUPA during most of work	TION (Give kind of work done lob. king life, even if retired) Housewife		11. BIRTHPLA	CE (County & State, or for	reign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAM	NE .		14. MOTHER'S	MAIDEN NAME		
	John Powell		El	eanor Mc Kin	sey	
15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FORCES? 1 (If yes give war or dates of service)		INFORMANT	W22.5	Addre 742	5 School Ave.
	1 40		ignter, M	rs. Hilds Bo	rys, Dunc	dalk, Md. 2122
PART I. D	DEATH [Enter only one cause per EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c). 1	scula	A Herry	nhoz	INTERVAL BETWEEN ONSET AND DEATH
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gave rise to cause (a), s underlying cau	tating the DUE TO			0		
	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	ATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART 1	(a) 19. WAS AUTOPSY
ICATI	Centideli la	trait de	SEASE	2-		YES NO NO
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING 20b. ING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nat	ure of Injury in Part I	or Part II of Item	18.)
20c. TIME OF Hour a. p.		facto	CE OF INJURY (Ho	ome, farm, 20f. (City	or town) ((County) (State)
₩ p.	m. 19 at wo		_	11	11	//
	fy that (1) (this hospital) atten		yan!	_, 1966 to_		Chat (1) (we) last
	ceased alive oil	12 19 46, and that	t death occurre	d at_&M, from the		n the date stated above.
22a. SIGNATU	RE	man M.	ATTENDING PHYS.		TAFF	DATE SIGNED 18-1966
22c. PHYSICI NAME (T			22d. ADDRE			
23a. BURIAL, CREM BREMOVAL (Sp	MATION, 23b. DATE THEREOF April 20-196	23c. NAME OF CEMETERY			ON (City, town or	
- 012 11012	The Tr valle			Pittsbu	rgh, Penr	nsylvania
JOHN J. DI	JDA, Dundalk, Mar	vland 21222	25a	REC'D BY REGISTRAF	. AMI	AR'S SIGNATURE
	,		DAT	APR 20 198	5 Julia	rely Judge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) an a. COUNTY b. COUNTY after BALTIMORE MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) within 72 l d. STREET AOORESS 6817 WILLIAMSON AVE HOUSE IN THE PINES NURS HOME within letely 3. NAME OF First Middle Last 4. DATE Month DECEASED ROSE (Type or print) GROSSMAN DEATH APRIL 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 5. SEX 8. OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS last birthday) | Months | FEMALE WIOOWEO X DIVORCEO [76 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) HOUSEWIFE AT HOME RUSSTA certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME remova TOBIA MENDEL LERNER ed by the attenctransit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) BERNARD GROSSMAN 6817 WILLIAMS 18. CAUSE DF DEATH [Enter only one cause per line for (4), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-ti burial, **OUE TO** Cenditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURREO, (Enter nature of injury in Part I or Part II of Item 18.) this MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. 19 at work at work 3-10 1962, to. 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the and that death occurred at/0,3 °M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE page ATTENOING PHYS. OIRECTOR ___ M.D. TO FUNERAL PHYSICIAN'S 22d. AOORESS director, p LEON ASHMAN NAME (Type) OAK AVENUE 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, ROSEDALE, MARYLAND BROS. INC. 6010

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

19

Hours

INTERVAL BETWEEN ONSET AND OEATH

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	1 3	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
نے ۔	E 24.	04866 CERTIFICATE OF DEATH
24 hours after death	funeral death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE MA O. L. A. D. COUNTY)
fer	the if	Baltimore County MARYLAND MARYLAND MARYLAND
60	by the Page Irs at	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hou	d in by rs. Pag hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
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vithir	letely rbon t, witl	3. NAME OF DECEASED First Middle Clast 4. DATE Month Day Year
Ped	comple ve carl event,	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Iast birthday) Months Days Hours Min.
aw remites that the death certificate be executed within	and c	MALE WHITE WIDOWED DIVORCED 5/19/10 Last birthday) Months Days Hours Min.
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4	permion, c	NO 200 578-11-1246 Hosp. records, Mt. Wilson State Hospital
9	an. d by the at ransit pern cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
+	ed by trans cren	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Squamous cell caseinous of pharynx him
*	physician signed burial-tra burial, cr	DUE TD Conditions, If any, which
- 10	ding p been the bu	gave rise to immediate cause (a), stating the DUE TD
3	tendii las be as th prior	underlying cause last. 0021 (c)
The Le	te he he he he he	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PERT II. OTHER SIGNIFICANT CONTRIBUT CONTRIBUTION GIVEN CONTRIBUTION GIVEN CONTRIBUTION GIVEN CONTR
户	al or at ficate h for use Health	YES NO Z 2Da. ACCIDENT WAS UNDERLYNG 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSICIAN	the hospital or attending physician. this certificate has been signed b detached for use as the burial-tran e Dept. of Health prior to burial, cre	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHY	the hos this condetache e Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) 20f. (City or town) (County) (County) (County) (County) 20f. (City or town) (County) (County
S		P.m. 19 While at work Identity, added, office sings, etc.)
END	0 = 0	21. I certify that (I) (this hospital) attended the deceased from 19/18, to 4/19/19/19/19/19/19/19/19/19/19/19/19/19/
=		22a. SIGNATURE 22b. DATE SIGNED
	lay be L DIRE page 3 filed v	M.D. ATTENDING MED. STAFF 4/20/66
HACPITAL	E & . a	22c. PHYSICIAN'S 22d. ADDRESS Wm. NAME (Type) Mount Wilson, Maryland Mount Wilson, Mount Wilson, Maryland Mount Wilson, Mount Wil
2		23a. BURIAL CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
F		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	/R AI5 (4)	W. W. Chembers Co-Inc. (a) ash D. (DATE DO DO 1000 Office of Quelle
2	20M 1/65	APR 26 1966 APR 26 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORS, MARYLAND 21201 04868 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY O. STATE MARYLAND b. COUNTY BALTIMORE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21201 FORT HOWARD 1 DAY BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 l VETERANS ADMINISTRATION HOSPITAL 642 W. SARATOGA STREET YES NO X 3. NAME OF Middle Lost 4. DATE First Month Doy Year DECEASED APRIL. 26 (Type or print) THOMAS HAT.I. DEATH 19 66 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Doys Hours WIDOWED X DIVORCED FEBRUARY 22, 1895 MALE NEGRO 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. FAIRFIELD, SOUTH CAROLINA CONSTRUCTION LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JANIE MC CULLOH DAVE HALL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 579 10 72 41 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES IWWW INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) transit PART I. DEATH WAS CAUSED BY: CARDIAC INSUFFICIENCY signed by 1 burial-trans burial, crem IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove) MYOCARDIAL INFARCTION UNKNOWN rise to immediate couse (o). DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been ARTERIOSCLEROTIC HEART DISEASE UNKNOWN 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? HYPERTENSIVE CARDIOVASCULAR DISEASE YES K NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) Not While foctory, street, office bldg., etc.) at work ot work 21. I certify that (1) (this haspital) attended the deceased fram 4/25/66, 19 4/26/66, 19___, that (1) (we) last ___, ta_ saw the deceased alive an 4/26/66 19 , and that death accurred at 11:500 Warm causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** 4/26/66 M.D. DIRECTOR PHYS. 22d. VAH FORT HOWARD, MARYLAND 22c. PHYSICIAN'S NEILON NEILSON, M. D. NAME (Type) directar, shauld b 23b. DATE THEREOF 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
BURTAL 5-2-66 BALTIMORE NATIONAL BALTIMORE, MARYLAND 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Murley VR A15 (4) CHARLES R. LAW FUNERAL 1966 MADISON AVE. BALFLMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Maryland Baltimore City 3 to Page Baltimore MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparote limits, write RURAL and give nearest town): and ofter Baltimore 13. Maryland Mount Wilson hours e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS hours Mount Wilson State Hospital 2406 E. Oliver Street NO YES 3. NAME OF Last 4. DATE Month Day Year DECEASED 19 66 April 26 (Type or print) Robert Benjamin Hamilton DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) 28 yrs. Months Hours in Item 18. 12/11/37 Male Negro WIDOWED DIVORCED 24 haurs event puo 10a, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? North Carolina any poges in any Laborer 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME Lillie Sassafrass Joe Hamilton and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) removol, 245-52-8103 Records. Mount Wilson State Hospital No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH 5 min. IMMEDIATE CAUSE (a) should Word crematian, DUE TO Elvroine alcoho Canditions, if any, which gove rise to immediate cause (a), certificote DUE TO stating the underlying cause burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? the certificate. NO D designated agent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Nat While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot wark 21. I certify that I took charge af the remains described above, held on Autapsy Inspection X Inquiry X and in my opinion death resulted fram: Natural causes . Accident . Suicide . Homicide Undetermined manner moy be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 0 4-26-66 **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 0 2So. REC'D BY REGISTRAR 25%. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15ME (5) 1966 6M 1/66

MAY 2 1956 Personal Property

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04869 MEDICAL EXAMINER'S CERTIFICATE FOR STATE 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH b. COUNTY delay is a. COUNTY a. STATE Jo. deoth. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If aut de carpargte limits) PM3 write RURAL and give e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS haurs ON A FARM? olong with farm NO YES in Item 18. Give Poges ofter deoth. Middle 3. NAME OF DECEASED within (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years' S. SEX 6. COLOR OR RACE DATE OF NEVER MARRIED last birthday) Months Days Hours DIVORCED WIDOWED hours Office 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (State or COUNTRY? during most of warking life even i retired) 24 alestades Chief Medical Examiner's in any 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within and 17. INFORMANT 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) ((If yes give war or dates af service) removal, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit 0 IMMEDIATE CAUSE (a) Word This certificate should DUE TO cremation, Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause forwarded as lost. burial, 19. WAS AUTOPSY PERFORMED? PART II. OFFICE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🐔 certificote, ogent, prior to 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of jajury in Part I ar Part II of item 18.) 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING should CAUSE OF DEATH. (County) (City gr/tawn) (State) 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Manth, Day, Year factory, freet, affice bldg., etc.Y. Haur a.m. Not While moy be retoined far your FUNERAL DIRECTOR: Page at wark at wark please execute its designated 21. I certify that I taok charge af the remains described above, held an Autopsy Inspection 🔛 deoth resulted from: Natural causes Accident | Suicide Hamicide Undetermined manner the funerol director. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, or caunty) NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY 23a. BURIAL, CREMATION, 0 REMOVAL (Specify) GREENMOUNT CEMETER LTIMORE, MD. REMATION 25b_ REGISTRAR'S_SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 5209 YORK RD. 31210 VR A15ME (5) 6M 1/66

DERED.

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FOR STATE actor, Page your files. with the State Board of death. the word "pending" in pencil in Item 18. Give Pages Medical Examiner's Office along with form PM3. Per should be used as a burial-transit please execute the ficate, writing the 4 should be forwarded to the Chief Me TO FUNERAL DIRECTOR: Page 3 shoor its designated agent, prior to burial, TO DEPUTY MEI VS. A15ME

5M 7/59

23. FUNERAL DIRECTOR

	64870		RESEA		DEPARTMENT OS, 301 W. PRESTO 'S CERTIFICA	ON STREET	, BALTIMOR	E 1, MAR	YLAND	1871
	PLACE OF DEATH	H			2. USUAL RESIDE	NCE (Where de	eceased lived, If insti	tution: Reside	nce before a	dmission)
		ltimore		MARYLAN		/land	b. COUNTY		imore	
		if outsida corporata limi di give nearest town)	ts,	c. LENGTH OF STAY IN	16 c. CITY OR TOWN	l (If outside corp	orata limits, writa RU	IRAL and giva	neerest tow	n)
	_ «	/	rura1)	Balt	imore	(rural)	21222	08	- /
	d. NAME OF HOSPI	TAL OR INSTITUTION (f not in ho	spital, give street eddress)	d. STREET ADDRES.	5				ESIDENCE
	18	Leeway			18 I	Leeway			YES T	NO X
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Dey	Yee	,
	(Type or print)	LYD	IA		HAMPSON	DEATH	April	21	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years IF I		IF UNDER	24 HRS.
]	Female	White	WIDOWI		6 April, 192	20	last birthdey) Mo	onths Days	Hours	Min.
10e do	. USUAL OCCUPAT	TION (Give kind of work	d) 10b. K	IND OF BUSINESS OR INDU		te or foreign cou	untry)	12. CITIZEN	OF WHAT	OUNTRY?
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13.	FATHER'S NAME			00.01	14. MOTHER'S MAIDE	N NAME		n.		
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		ER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFORMANT		Address			
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	18. CAUSE OF E	EATH Enter only one		line for (a), (b), end (c).]	2244.75.0012	, =0 =0	JII NATION	I IN	TERVAL BET	
		H WAS CAUSED BY:	Int	racerebral He	emorrhage.			0	NSET AND	DEATH
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MEDICAL	20c. TIME OF INJU Hour a.m.	JRY Month, Day, Ye	ar 20d. While	eNof While	PLACE OF INJURY (Homa, fa factory, street, offica bldg., e		y or town)	(County)		(Sfafa)
			of the ren	nains described above.	, held an Autopsy X,	Inspection	, Inquiry	, and	d in my d	pinion
'n	death resulted				buicide, Homicide		determined man			
		1)/	1	1	CHIEF MEDICA	L EXAMINER	118-3			
	ACTUAL SIGNATURE	Lace	e,) 1	ally	M.D. ASSISTANT MI	EDICAL EXAMIN	JER X		DATE SIC	NED
	EXAMINER'S NAME (Typa)	Charles S.	Pett	v. M.D.		AL EXAMINER			4/21/	56
22-		ON, 22b. DATE THERE		22c. NAME OF CEMETER		t, city, fown, or	TION (City, town, or	country)	(Stat	la)
110	REMOVAL (Specify burial	4-23-66		Gardens of I			nore Count	3		

Baltimore County, Md.

DATE

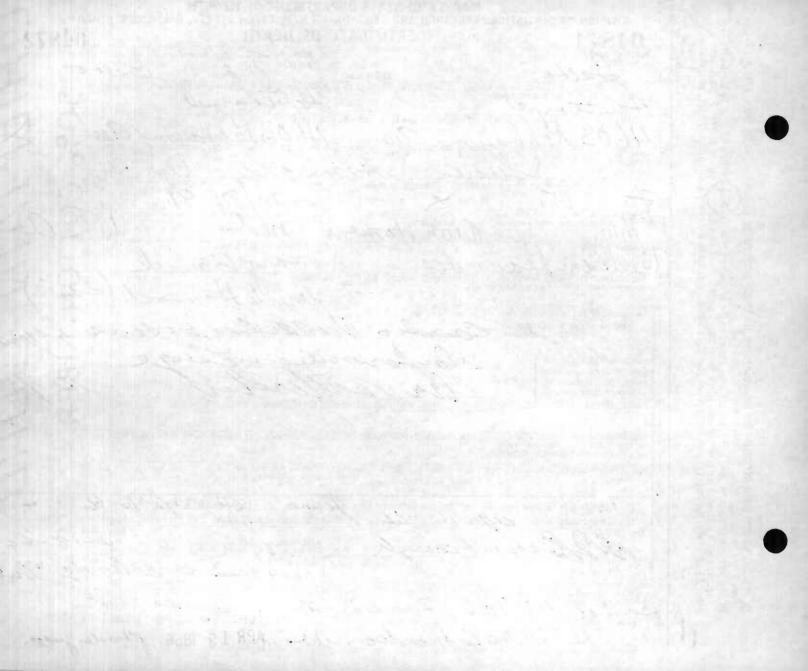
Gardens of Faith

4-23-66

Ullrich Funeral Home, Dundalk, Md.

Lines 1166 person freque

1 1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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O HOSPITAL OR ATTENDING F Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	21. I certify that (I) (this hospital) attended the deceased from
TO HOS Page TO FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) REMOVALY (Specify) 4/19/66 Location The Location (State)
VR AI5 (4) 65	We Efet. Ho Chrondson, and DatAPR 19 1966 yourself yourself



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) an a. COUNTY b. COUNTY by the faces 1 urs after Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits. C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 5 Pikesville Pikesville. 2120 8 VIS. filled i papers. in 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Pikesville 8.Md. e. IS RESIDENCE ON A FARM? Reisterstown Rd. . Pikesville 8. 1830 Reisterstown Rd. Pikesvillers NO X within letely rbon NAME OF DECEASED (Type or print) Alice Ethel car Harmon DEATH 19 66 April executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SFX 8. DATE OF BIRTH last birthday) | Months | Days Female White WIDOWED K DIVORCED [Dec.17.1877 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY Housewife home-BabySittling Baltimore Co.Md. -S-A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosen Unknown ned by the attend Il-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) NO Mr. George L. Ensor, 418 Southway, Baltimore None 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. been signed the burial-transport to burial, cre IMMEDIATE CAUSE (a) and ant. Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY certificate hand for use a tr. of Health p 19. PERFORMED? NO L YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) etached f Dept. of I 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJUNY (Home, farm, 20d. INJURY OFCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from____ June 1960, to DIRECTOR: shoul 1996 and that death occurred at 3.40 CM, from the causes and on the date stated above. saw the deceased alive on. o buri 3 sho 22a. SICNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. M.D. Page 4 may FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) April 6.1966 Burial Saters Cemeterv Lutherville Md 25b. REGISTRAR'S SICNATURE FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 (4) 20M 1/65

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executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after deaph. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 20M 1/65

	MARYLAND STATE DEL	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTOR	N STREET, BALTIMO	RE 1, MARYLAND
U4873	CERTIFICATI	F OF DEATH		0105

			13.11
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	BAITIMORE MARYLAND	a. STATE MARY/AND b. COUNTY BA	1/timore
-	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town) BALTIMORE 21 days	Butherville,	13-1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
6	CEATER BALTIMORE MEDICAL CENTER	1510 Charmuth Road	YES NO
3.	NAME DF First Middle	Last 4. DATE Month	Day Year
_	(Type or print) HARRY, DENJAHIN F.	DEATH IT W	1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED .	B. DATE OF BIRTH 9. AGE (In yeals IF UNDER: last birthday) Months	Days Hours Min.
1	MALE CAU, WIDOWED DIVORCED	10-15-17 4 yrs. Months	Bays Hours Imm.
10 du	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY		TIZEN OF WHAT UNTRY?
	ENGINEER GASTELECTRIC	NoRth CAROLINA	OHINT
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	BENJAMIN FRANK C. HARRIS	MANNING	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	
10	es, no, or unknown) (If yes give war or dates of service) 217-16-7570	VIRS. IVI. HARRIS SAME	
=	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	110.11.111.20	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CARLO COM	atum	ONSET AND DEATH
	19- IMMEDIATE CAUSE (a) SIL		
	Conditions, If any, which) DUE TO Heta Static IN	- ALTHE WILDSATTILE	
	gave rise to immediate	Mary at Maritania	
	cause (a), stating the DUE TO underlying cause last.		
N	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
AT	The state of the s	TED TO THE LEMMINE DIODOC OORDITION OF THE TAX AND AND	PERFORMED?
문	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of mjury in Part I of Part II of Item 10.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bldg., etc.)	nty) (State)
AED AED	Hour a.m. While Not While at work	iy, street, omce blug, etc./	
-	21. I certify that (I) (this hospital) attended the deceased from	3/18 , 19 66 to 4: 7 , 19 6	6. that (I) (we) last
		death occurred at 12.53 M, from the causes and on the	
	22a. SIGNATURE	22b. DA	TE SIGNED
	Junes P. Gr. Fagny M.D	ATTENDING MED. STAFF DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	JAMES P. G. HWWN.		
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
	REMOVAL (Specify) REMANDION April 9,1966 GREEN MOUNT		
	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
-	Wm. Cook-Brook\$ Towson 1850 York, T	APR 12 1966 Polisula	Quelati
-	21.	W7 14 WWW /	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY BO Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 3 -= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS e. IS RESIDENCE within 72 ON A FARM? overed Bridge Rd. NO X executed within completely carbon NAME OF Middle Last OATE OECEASED Hazelin 1966. (Type or print) ames DEATH 5. SEX DATE OF BIRTH and cor 6. COLOR OR RACE AGE (In years LIF UNOER 1 YEAR UF UNOER 24 HRS 7. MARRIEO NEVER MARRIEO last birthday) | Months | Oays Hours OIVORCEO [10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working tife, even if retired) INOUSTRY COUNTRY? Huto Ketured certificate 13. FATHER'S NAME MOTHER'S MAJOEN NAME remova Edwin Hazelip Margaret Elliott 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT the attent t permit. 0 (Yes. no. or unkown) (If yes give war or dates of service) Jame cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the been signed the burial-transit for to burial, creme ONSET AND OEATH PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating underlying cause last. (c) 38 WAS AUTOPSY PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUTION GIVEN IN PART 1(a) 19. PERFORMEO? CERTIFICAT YES 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached f Dept. of (State) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 0 attended the deceased from 21. I certify that (1) (the birector: age 3 should led with the saw the deceased alive on CL and that death occurred at 77M, from the causes and on the date stated above. SIGNATURE OATE SIGNED ATTENDING MEO. director, page should be filed OFRECTOR TO HOSPITAL Page 4 may FUNERAL PHYSICIAN'S 22d. AOORESS NAME (Type) directi 23d. LOCATION (City, town or county) (State) BURIAL CREMATION. 23b. OATE HEREOF NAME OF CEMETERY OR CREMATORY 2 REMOVAL (Specify) burral FUNERAL OIRECTOR REC'O BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

and the latest the lat , 17, order second. The conservation. is, is, is, of And the control of th Mangazia Ciliard Chieran Illeration of the Constant The Day of January 100 - CVD - CVD - CVD - CVD - CVD divine 1-25-10 delanace lating likes. Salesinance lat.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funera PLACE DF DEATH and 2. IISHAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY the h Pages 1 b. COUNTY Baltimore Maryland MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Towson Baltimore = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 Chespeake Manor Home 5600 Northwood Road YES NO within etely pou 3. NAME OF First Middle Last Day Month Year DECEASED we cart April 1966 Howard H. DEATH (Type or print) Henkelman executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours and Male White WIDOWED K DIVORCED | July 4. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician a = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease and ir during most of working life, even if retired) INDUSTRY COUNTRY? Retired - Salesman Enterprise Paper Baltimore, Maryland Cd certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending I Mathias A. Henkelman Charlotte Wunder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10 death (Yes, no, or unkown) | (If yes give war or dates of service) No None 216-03-2500 Mr. Carl L. Wannen cremation, 618 St. Francis Rd. the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH n signed by th burial-transit burial, cremat PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) retained by the hospital or attending physician. 1-211 DUE TO Conditions, If any, which peen gave rise to Immediate the DUE TO cause (a), stating the underlying cause last. has as CERTIFICATION 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health for use Health use PERFORMED? NO [20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work After at work p.m 19 P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the Leb, and that death occurred at /10 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe page STAFF DIRECTOR M.D. PHYS Page 4 may TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, REMOVAL (Specify)
BURIAL 4/14/1966 (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Pikesville. Md. Stone Chapel Cemetery FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1966 VR AI5 (4) Clase 20M 1/65

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leath co		15. (Ye	WAS DECEASED I	VER IN U.S. ARMED (If yes give war or date	FORCES? s of service)	16. SOCIAL SECURITYNO. 12-10-7278	17. II	Romant	e Her	nolon 19	Low	1	er,
t the d	d by the atter ransit permit cremation, or			DEATH [Enter only of ATH WAS CAUSED IN IMMEDIATE CAUSED IN IMMEDIA	BY:	er line for (a), (b), and (c).	1 70	1 2+0mg	600	is		INTE	ET AND DEATH
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	After this d be detach	MEDICAL	20c. TIME OF I Hour a.m p.n		Wh		e. PLACE factory	OF INJURY (Hom , street, office bld	ne, farm, 20 lg., etc.)	of. (City or town)	(Co	unty)	(State)
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08 be	DIREC age 3 iled wi		22a. SIGNATUR		no	ound	M.D.	ATTENDING PHYS.	MED.	R STAFF	22b.	A / Z	8/66
O HOSPITAL Page 4 may			22c. PHYSICIA NAME (Ty		C.P.	nund		22d. ADDRES	s Fr	or dere	e of	az	,
TO HOS	TO FUNE directo should	23a	REMOVAL (Spe	clfy) 4/3	olce	23c. NAME OF CEM			23d.	BACTO, A		ounty)	(State)
VR 20 M	A15 (4)	24.	FUNERAL DIRE	Remo	4336	7 Chestur	20	at we DM	REC'D BY R	1966 25b	REGISTRAR	'S SIGN	ATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04877 deoth. requires that the death certificate be executed within 24 hours after death scan and completely filled in by the funeral place, lemove corbon papers. Pages 1 and and one, one event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY a. STATE Baltimore Baltimore MARYLAND Maryland Baltimore
c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Towson Towson d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? Dulaney Valley Court Dulaney Valley Court YES NO T 3. NAME OF 4. DATE Middle Last DECEASED Florence Hill DEATH (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Haurs Oct.10.1886 WIDOWED DIVORCED I Og. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)
Housewife COUNTRY? **INDUSTRY** Home Own Baltimore, Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal Florence Moon McHenry Frazier 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates af service 213-09-598/1 (Same Joseph S. Hill INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-transit p ONSET AND DEATH oronary IMMEDIATE CAUSE (o) 4201 DUF TO arteriosclerotic heart disease Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying cause os the prior to b by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? be detached for use State Dept. of Health p NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fgrm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While at work at wark , 1962, to Apr. 25, 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram man 3 O HOSPITAL OR ATTEND Poge 4 may be retained ploods 1966, and that death accurred at 2:150 M, from causes and on the date stated above. saw the deceased alive an Apr. 22 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 501 Liberty Road NAME (Type) Abraham Hurwitz director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (State) REMOVAL (Specify)
Burial Baltimore Greenmount 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
H.W.Jenkins Sons VR A15 (4) Co 20 M 1/66

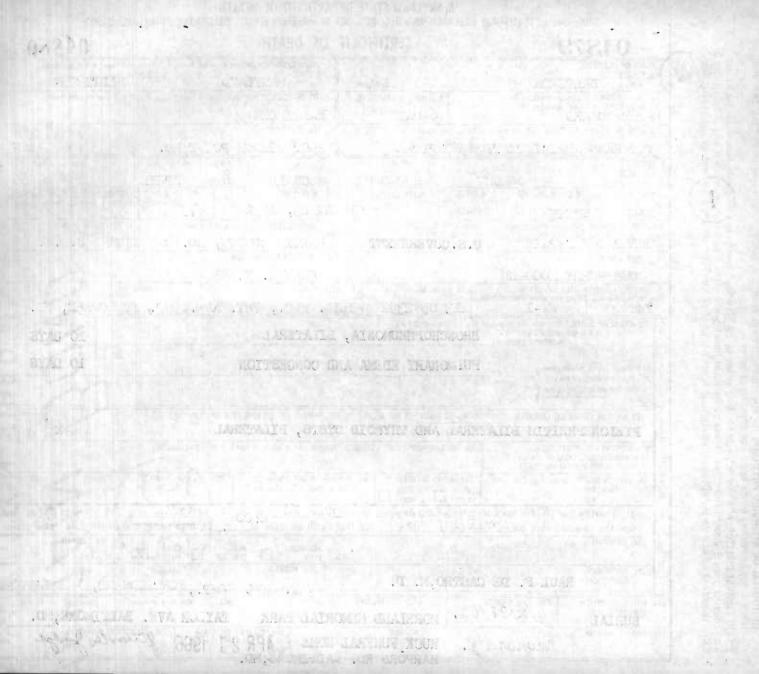
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The funer of page 1 in by the funer of the function of the f MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04878 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH Audrey L. Hinz 4-4-1966 within 24 hours ofter PLACE OF DEATH IN BALTIMORE-MARYLAND 4. USUAL RESIDENCE (Where deceased liyed. If institution: residence before admission A. STATE B. COUNTY ipletely filled in by the carbon papers. Page vent, within 72 hours o (If not in hospital or institution, give street address or location) C. CITY OR TOWN INSTITUTION (If outside city limits, write RURAL and give township) completely filled Baltimore 12 Elmont Avenue #6 D. STREET ADDRESS (If rural, give location) Elmont Avenue #6 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) Female lost birthday Months Days Hours White Married 5 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF and during most of working life, even if retired) the death certificate be WHAT COUNTRY? physicion on pleose HOUSE ... Houeswife Housewife Maryl and 14. MOTHER'S MAIDEN NAME John Hi. John Hill permit. The Mary Elliott (Yes, na ar unknawn) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 215-5/1-1195 Miss Dorothy Hinz 12 the signed by the burial-tronsit burial, cremati 18. INTERVAL BETWEEN requires thot ONSET AND DEATH DISEASE OR CONDITION DIRECTLY **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospitol or ottending physician. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.) DIRECTOR: After this certificate has been ge 3 should be detached for use as the state Dent of Health prior to ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the UNDERLYING CONDITION lost. 22. I certify that (1) (this hospital) attended the deceased fram. 19.66 and that in(my) (and apinian death accurred an the date that (1) (we) last saw the deceased alive an Aste and haur and from the causes stated above. (1) ((1) (did) (did) (didnet) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED M.D. Allending [Med. Stoff Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type)
Dr Mich
244. BURIAL CREMATION, 248. DATE
REMOVAL (Specify)
Burial
4-75-25A, DATE REC'D BY HEALTH DEPT. NAME (Type) Michael Dausch Belair Road TO FUNERAL 24C. NAME of CEMETERY OF CREMATORY 66 Gardens of 25C FUNERAL DIRECTOR galantes Judge VR A15 (4 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

· -	25		04879	CERTIFICATE	OF DEATH		04880
within 24 haurs after death	funeral and ter death		PLACE OF DEATH D. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (0. STATE MARY	(Where deceased lived, if institution: Reside LAND b. COUNTY BAI	nce before admission)
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urs	s. Pages haurs afte		write RURAL and give nearest tawn) FORT HOWARD	6 DAYS	BALTIMORE		03-1
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	and campletely fi remaye carban in any event with		NAME OF First DECEASED (Type or print) DORSEY	Middle BUDWOOD	Lost HOGGARD	4. DATE Month OF DEATH APRIL	Doy Year 18 19 66
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ate	physician ar nen please r aval, and in	_		.S.GOVERNMENT		UNTY, NO. CAROLINA	U.S.A.
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op .	attendi permit. ian, ar re				IN. REC., V	ET. ADM. HOSP., FT HO	
-			18. CAUSE OF DEATH (Enter only one couse per lin PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	RONCHOPNEUMONIA,	BILATERAL		INTERVAL BETWEEN
ires t	signed by the burial-transit burial, cremai			ULMONARY EDEMA AN	D CONGESTION	ON	10 DAYS
w requ	C 0 D		rise to immediate couse (o), stating the underlying cause last.				
ne lo	has bee se as th h prior 1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT				19. WAS AUTOPSY PERFORMED?
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- 0	ath of	ATI	PYEIONEPHRITIS BILATE	RAL AND THYROID C	YSTS, BILA	LEKAL	YES NO
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OR ATTENDING PHYSIC be retained by the haspit	IERAL DIRECTOR: After this certificat ar, page 3 shauld be detached far d be filed with the State Dept. af Hec	MEDICAL	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19 21. I certify that (I) (this hospital) as aw the deceased alive on April 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) RAUL F. DE CA BURIAL, CREMATION, REMOVAL (Specify) BURIAL TERMATION, REMOVAL (Specify)	20d. INJURY OCCURRED. (20e. PLACE of twork of twork of the deceased from All 18, 1966, and that the deceased from M.D. STRO, M. D. 23c. NAME OF CEMETERY OR COMMERCE AND MEMORELAND MEMORELAND MEMORELAND MEMORELAND MEMORELAND.	(Enter noture of injury in CE OF INJURY (Home, forrory, street, affice bldg., etc. PTIL 12 t death occurred at ATTENDING PHYS. 22d. ADDRESS VET ADM CREMATORY DRIAL PARK	m, 20f. (City or town) (Company) (Co	VES NO (Stote) Ounty) (Stote) 66, that (I) (we) lost the date stated above bate signed L8 66 D. MARYLAND (County) (Stote) TIMORE, MD.
TO HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspin	DIRECTOR: After this certificat ge 3 shauld be detached far led with the State Dept. af Hec	MEDICAL	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19 21. I certify that (If (this hospital) a saw the deceased alive on April 22c. PHYSICIAN'S NAME (Type) RAUL F. DE CA BURIAL, CREMATION, 23b, DATE THEREOF.	20d. INJURY OCCURRED 20e. PLAC While of work of twork of twork 18, 19, 19, 66, M.D. 23c. NAME OF CEMETERY OR CADDRESS	(Enter noture of injury in CE OF INJURY (Home, forrory, street, affice bldg., etc. PTIL 12 t death occurred at ATTENDING D. PHYS. 22d. ADDRESS VET. ADM CREMATORY PARK HOME DAM 25a, REC. DAM PARK HOME DAM PARK PA	Part I ar Part II of item 18.) m, 20f. (City or town) (Compared to the course of the	VES NO (Stote) Ounty) (Stote) 66, that (I) (we) lost the date stated above bate signed L8 66 D. MARYLAND (County) (Stote) TIMORE, MD.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 04880 executed within 24 yours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) filled in by the funeral papers. Pages and PLACE OF DEATH b. COUNTAINE ARUNDEL o. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 93 DAYS CLEN BURNTE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 YES [VETERANS AMDINISTRATION 32 SECOND AVENUE. MARLEY HEIGHTS 3. NAME OF Middle 4. DATE Month carban First Lost Doy Year DECEASED 19 66 20 APRIL CHARLES H. HOHN DEATH (Type or print) IF UNDER 1 YEAR LIF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED remave birthdoy) Months Dovs WIDOWED DIVORCED SEPT. 10, 1896 MALE WHITE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done requires that the death certificate be please during most of working life, even if retired) BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys LAURA V. BARNETT CHARLES H. HOHN 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes of service) 9 212 26 05 99 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR IMMEDIATE CAUSE (o) DISEASE Unknown DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)

Bronchogenic Carcinoma. Diabetes Mellitus WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, affice bldg., etc.) Nat While ot work ot work 20/66 , 19 , that (1x (we) last 21. I certify that (1x (this hospital) attended the deceased from 5:15 From causes and on the dote stoted obove. sow the deceased olive an and that death occurred at 22b. DATE SIGNED 4/20/66 22o. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND JORGE A. FABARA, M. D. director, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) BALTIMORE, MARYLAND 23 April 66 LOUDEN PARK CEMETERY 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Milarles VR A15 (4) 20 M 1/66 CLEN BURNIE, MARYLANI

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		1500
1. PLACE OF DEATH a. COUNTY Baltimore Clessfeaks Moura	2. USUAL RESIDENCE (Where deceased lived, If institution: Rea. STATE b. COUNTY	esidence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1 owson 1 2 clays	15 Resumme	30-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 3/00 St Paul St	e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME DF M, (MARY) First Middle (Type or print) First ABETH	Last V 4. DATE Month OF DEATH ARIL	Day Year 1966
A MARKED WARKED	12/9/7 last birthday) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
during most of working life even if retired) RED School Teacher	Baltimore City	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ENoch Pratt Holden	Scervilla Nelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, ng, or unkown) (If yes give war or dates of service) 1 1 1 1 1 1 1 1 1	INFORMANT Address	Last Ha
NO 1 1216-46-55581MR	HARRY Lee Youse - 2006 St. PA	U St78
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	I SATING	ONSET AND DEATH
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Conditions, If any, which (b) Tasks 1	tatied bleeling comer unte	- 11 11
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	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	149. WAS AUTOPSY
Disbutes me	llets	YES NO
G OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part i or Part iI of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bidg., etc.)	inty) (State)
√21. I certify that (I) (this hospital) attended the deceased from	6	, that (I) (we) last
saw the deceased alive on	t death occurred at // M, from the causes and on the	he date stated above. ATE SIGNED
Lewis P. Tendy M.C.	ATTENDING MED. STAFF	ATE SIGNED
1 22c. PHYSICIAN'S NAME (Type) LEWIS F. GUNDRY	22d. ADDRESS 33-0 Wilking love	•
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
TSURIAL ABER 20-1966 LOUGON	V Park Balto. Cit	Try
24. FUNERAL DIRECTOR ADDRESS Balt.		S SIGNATURE
STEWART & MOWEN COMPANY 108 W.North	AV., DAPR 18 1966 Icharles	Judge

VR AI5 (4) 20M 1/65 2.4

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04882 CERTIFICATE OF DEATH by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) d. COUNTY Baltimore b. Balltimore o. Maryland MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

Randallstown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) papers. Pag hin 72 hours 8 Mo. Randallstown e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Box 244 Liberty Rd. Box 244 Liberty Road completely filled NO X NAME OF Middle pon First 4 DATE Last Month 19 Day Year, DECEASED Holdsworth April Ruth Elder 19 (Type or print) car DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 6 remove 81st birthday) Haurs Feb. 17. 1882 Female White any DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT U.S.A. during most of working life, even if retired) **INDUSTRY** physician nen please Baltimore, Md. Housekeeper Church rectory 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Catherine C. McCarren Elder Henry attending property 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Boxdre 244 Liberty Rd permit. (Yes, ne unknown) (If yes give war or dotes of service) Mrs. Thomas Kettlewell Randallstown Md. 323-18-9553 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) þ DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO tar use as the f f Health priar tab stating the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION VIVEN IN PART 1(a) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, affice bldg., etc.) Nat While at work at wark 1965 that (1) (we) las , 1965, to 4-17 21. I certify that (I) (this haspital) attended the deceased fram_ non 1966, and that death accurred of 2500 PM, fram causes and an the date stated obove saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** 4-20-66 director, page 3 shauld be filed v M.D. PHYS DIRECTOR Road, Sykesville, Md. R. V. Houck, NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (Caunty) Md. 1966 Loudon Park Baltimore.

2Sa. REC'D BY REGISTRAR

DATEAPR

2Sb. REGISTRAR'S SIGNATURE

O FUNERAL DIRECTOR: After this certificate

24. FILINERAL DIRECTOR

requires that the death certificate be executed within 24 hours after death

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PHYSICIAN: The law

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2 death. and death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY after Baltimore "aryland Baltimore MARYLANO by the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papers. Pag within 72 hours Rosedale rual Rosedale .= Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Philadelphia Road 8112 Philadelphia YES NO completely ve carbon p Road 3. NAME OF DATE 4. Month DECEASED event, (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR FUNDER 24 HRS NEVER MARRIED last birthday) Months | Hours 7-28-1908 Male WIDOWED DIVORCED White 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe physicial n please val, and i COUNTRY? Baltimore, Maryland Custodian Balto. School U.S.A Co. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then Edward Hood Waxter Annie 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? | 16. SDCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or i (Yes, no, or unkown) (If yes give war or dates of service) death Mrs Margaret 217-01-1209 8112 Philadelphia Road Hood 18. CAUSE OF DEATH [Enter only one cause perpline for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the prior underlying cause last. certificate has (c) SE CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? YES ! NO T the hospital this cer-detached fo PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) To russ.

Page 4 may be retained.

To FUNERAL DIRECTOR: After the director, page 3 should be defined with the State I be de State I factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING at work at work I 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on COM and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23a. 23b. DATE THERED 23d. (State) REMOVAL (Specify) 1-79-7966 arkwood Cemetery Baltimore, Co. Md. REGISTRAR | 25b. REGISTRAR'S SIGNATURE Buri al FUNERAL DIRECTOR REC'D BY REGISTRAR ADDRESS VR A15 (4) 15M 4-64

RAYMOND STANLEY HOOD - APRIL IL GE

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APR 1 n. 1958 - 875-17-1 Lock

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04884 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the funeral death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY T MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give, nearest tawn) papers. e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 filled YES NO T NAME OF First Middle 4. DATE Manth Day remave carban Last campletely DECEASED (Type or print) 1966 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE AGE (In years 7 MARRIED **NEVER MARRIED** last birthdoy) Manths Days WIDOWED DIVORCED and in any pup 10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign cauntry) COUNTRY? INDUSTRY physician TOMETRIST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI or remaval, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no prymknown) (If yes give wor or dotes of service MRS. ELIZABETH H. DAIGER crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). þ DUF TO burial Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 moy be retained by the hospital ar attending as the PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) State Dept. af Health NO After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City ar town) (Stote) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (County) Haur o.m. factory, street, affice bldg., etc.) Not While at wark at wark 21. 1 certify that (1) (this hospital) attended the deceased fram. 11-29 1951 to 4-15 1966 that (1) (We) last 22 - 16 - 1966, and that death accurred at 213 P.M., from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR directar, page 3 shauld be filed v M.D. PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS O HOSPITAL 6209.730 NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City or Town) (State) BURIAL, CREMATION. 23b. (County) REMOVAL (Specify) 66 ESTERN 470 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR

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		Committee to the second	
2 4 - 1			
15 . 45			
	187 C. A. S. S. S. S.		
		HIGH TO THE	

be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UTEU			CENTIFICAT	E OF DEAL	П		1147	(XI)
1. PLACE OF DE	ATH			2. USUAL RESIDE	NCE (Where dec	eased lived, If Inst	itution: Residen	ce before admi:
a. COUNTY	Baltimo	re	**************************************	a. STATE	Marylan	b. COUN		imore
b. CITY OR TO			MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN				
	DWN (if outside co AL and give neare	st town)			the section of	orato minto, mi	to itolina ana g	- 1
	nsville-	ITUTION /25 - at 1- 4	lyr llmth	Catons			0	- IO DEGIDI
G. NAME OF F	NOSPITAL OR INST	I ni ton (it not in t	nospital, give street address)	d. STREET ADDRES	iS		V TOX	e. IS RESIDE ON A FAR
SPRING	GROVE S	PATE HOSE	PITAL	22 Dut	ton Aver	nue		YES NO
3. NAME OF DECEASEO		First	Middle	Last	4. DATE	Month	Da	y Year
(Type or print	t)	Hazel	MARGARET Ho	pkins	DEATH	FIPR,L	9	1960
5. SEX	6. COLOR OR	RACE 7. MARRIED		8. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEA	
female	white	WIDOWED	DIVORCED	Oct. 16.	1890	75 vrs.	Months Days	Hours 1
10a. USUAL OCCUP	ATION (Give kind o	f work done 10b.	(IND OF BUSINESS OR	11. BIRTHPLACE			12. CITIZE	
house	orking life, even If	retired)	NDUSTRY	Ma ry	l and		COUNTR	
13. FATHER'S NA				1 14. MOTHER'S MA			1 0 - 1) •
	77-3 A	77 2 7 . 2						
15 WAS DECEASE	Edward A DEVERINUS. ARI		SOCIAL SECURITY NO. 17.	INFORMANT	phine Ta	Addres		
(Yes, no, or unkown) (If yes give war of	dates of service)	YES Y	INFURMANT		Addres	•	
unknown	110112	l t	unknown ' I	Records: SP	RING GRO	OVE STATE	E HOSPIT	'AL
			line for (a), (b), and (c).]					ERVAL BETW
PART I.	DEATH WAS CAUS	ED BY: CAUSE (a)	heart -	failur				SEI AND DE
420	00	DUE TO	U	tailune				177.7
Cenditions, I	f any, which	(b) ar	Teno relera	Tie hear	1 desse	ele		1 days
	o Immediate	DUE TO						1
underlying ca	stating the	(c)						
			UTING TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE CONT	DITION GIVEN IN F	PART 1(a) 19	
TAC		GA THE	ure	mia.				PERFORME ES X NO
PART II. OTHE 20a. ACCIDER OR CONTRIBU	NT WAS UNDERLY	NG 🗀 20h	DESCRIBE HOW INJURY OCC	IDDED (Enter nature	of Injury In Pa	rt I or Part II of		r2 N
OR CONTRIBL	JTING CAUSE O	F DEATH	DESCRIBE HOW INSORT OCC	DIRECT (Enter nature	or injury in r a	it i oi i ait ii oi	1000 100/	
	NOTIFY MEDICAL I		INVIDENCE LOS DE LOS DEL	05 05 In Illand			(0	(mhai
20c. TIME 0	FINJURY Month,	, Day, Year 200. While	fact	ACE OF INJURY (Home, ory, street, office bldg.	, rarm, 201. (City or town)	(County)	(Stat
MEG	p.m.	19 at wor						
21. I cer	tify that OK (this	s hospital) attend	led the deceased from	March 26	19_65, to_	Hpril 9	1966	that (I) (we)
	deceased alive of			t death occurred at			and on the da	te stated at
22a. SIGNAT					1 11	1	22b. DATE S	IGNED
	/1	Smeet	mo M.	D. PHYS.	MED. DIRECTOR	T PHYS.	April	9,196
22c. PHYSIC		M C	1.55-0	22d. ADDRESS	SPRING		TATE HO	SPITAL
NAME	(Type) KONA	140 M. 2	MEETS.		Baltimo	ore. Mary	land 21	228
23a. BURIAL, CR	EMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY		CATION (City, to		(State
BREMOVAL	Specify) A DI	ril 12.1	966 Balto. I	Vational		altimor		ruland
24. FUNERAL DI		, , ,	ADDRESS			TRAR 25b. RE		
STERL.	ING FUNI	ERALEST	ATE 736 Edm	ondson	20 1 0 4	ace ac	Carles	Judas
	Catonsi	97776	C.	DATA	7 3	MhH /	- July	The same of the sa

SUMMER TOTAL OF SE. -DOWN ALL YARDS IT Least Jailur 7 days Orlews relevetie than I owner April 9 66 78 April 9 66 1 Lours Lymn X April 9, 1966 ROWARD M. SMEETS during " april 12, 1966 Bulto. A stional Comt Sait Boors, during and STARLING STREET ESTATE 730 Edgendson APR 1.3 1958 ESTATE DAMP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	048	86	CERTIFICAT	E OF DEATH		114887
1.	PLACE OF DEAT	Baltimore	MARYLAND	a STATE	CE (Where deceased lived, If institution: b. COUNTYBal	
		N (if outside corporate limits, and give nearest town) Towson	c. LENCTH OF STAY IN 1b		Outside corporate limits, write RURA Baltimore #4	L and give nearest town)
	d. NAME OF HO	spital or institution (if not in 939 Starbit Road		d. STREET ADDRESS	939 Starbit Road	e. IS RESIDENCE DN A FARM? YES NO
3.	(Type or print)		Middle erta)Angela	Last Horneman		Day Year 14, 1966.
	Female	White WIDOWE		8. date of Birth Feb. 26, 188		Days Hours Min.
dur	ing most of work Hous	ing life, even If retired) ewife	IND OF BUSINESS OR INDUSTRY Own Home	Germa	iny	COUNTRY? USA
13.	FATHER'S NAM	Carl Gunkel		14. MOTHER'S MAID	Angela Romp)e
15 (Ye	s, no or unkown)	EVER IN U.S. ARMED FORCES? 1 (If yes give war or dates of service)		. Herbert E.	Address (s	ame)
		Immediate DUE TO		c CARDIOVAS	CULAR DISEASE	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION					DISEASE CONDITION CIVEN IN PART 1(a	YES NO NO
8		WAS UNDERLYINC ☐ 20b. ING ☐ CAUSE DF DEATH TIFY MEDICAL EXAMINER)			finjury in Part I or Part II of Item 1	
MEDICAL	20c. TIME OF Hour a.i p.	m. Whi	le Not While fact	ACE OF INJURY (Home, fa ory, street, office bldg., e	tc.)	ounty) (State)
	21. I certif	y that (I) (this hospital) after ceased alive on The RE	here of the deceased from 13 1966, and that here of M.	at death occurred at	MED. STAFF DIRECTOR PHYS. 14	
238	Burial	eclfy) 4/16/66	Parkwood Ce	matamr	23d. LOCATION (City, town or constitution Baltimore, MacCod By REGISTRAR 25b. REGISTRAR	arvland
100	eonard J	. Ruck Inc. Balto			PR 14 1966 occus	

VR A15 (4) 20M 1/65

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-		DIVISIO		AL RESE	ARCH AND			ON STREET,	BALTIMO	DRE 1, MAR	YLAND
M		048	87		CERTI	FICAT	E OF DEAT	H			14888
4		PLACE OF DEA					2. USUAL RESIDEN	ICE (Where decease			ca before admission
ė		e. COOM11	Baltimore		MAR	YLAND	. STATE Mar	yland	b. COUNT	Y	1
		b. CITY OR TOWN	(if outside corporete lim	nits,	c. LENGTH OF ST		c. CITY OR TOWN	(If outside corporate	limits, write	RURAL and give r	neerest town)
	(atonsvi		3	10 da	vs	Baltimo	re		7	0-4
	T.	d. NAME OF HOS	PITAL OR INSTITUTION	(if not in hos	pital, give street ede		d. STREET ADDRESS				e. IS RESIDENCE
40	L.	316 Ing	aven Nursi Cleside Av	enue	ome		9 S Beec	hfield A	Ave 2.	1229	YES NO V
	3.	NAME OF DECEASED	Firs	it	Middle		Last	4. DATE	Month	1 1986	G ON D
		(Type or print)	LII	LIE	C.	HO	DRTON	DEATH -	r whr.	1 1300	6 197 P.
	5.	SEX	6. COLOR OR RAC	E 7. MARRIE	D NEVER MARR	IED 8.	DATE OF BIRTH	Part 1	4 1 AR A 1 10	F UNDER I YEAR	IF UNDER 24 HRS.
	Fe	emale	White	(WIDOWE	DIVORC	ED 🔲 e	an 29 188	3 83	yrs.	Months Days	Hours Min.
			ATION (Give kind of working life, even if retir		IND OF BUSINESS C	R INDUSTR	11. BIRTHPLACE (Cou	nty & State, or Iorei	gn country)	12. CITIZEN O	F WHAT COUNTRY
		House	1.0	30,	At Home		Sykesvill	e Carrol	Ll Co	Md	USA
	13.	FATHER'S NAME		_			14. MOTHER'S MAIDEN				
			Jonathan	Thoma	as		Rebecca	Hatfield			
	15. (Ye	WAS DECEASED	EVER IN U.S. ARMED FO (Ifyes give war or dates of	service)					Address	(Same)	
		No		217-	-03-4841		's.Milarea	A Hayne	es (Dau	ughter)	
			DEATH [Enter only on	e cause per	line lor (a), (b), end	(c).]		-			ERVAL BETWEEN
		PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	1 17-6	DUFE MA	NA D	PADIOL IN	VEDROI	MAN		
		4201	DUE TO			/					
		Conditions, if a	100	1 1	2081117 5	PLAN	voia CMA.	010 - 10	SPULL	PA	
		geve rise to imme	DUIL TO								
		cause lest.) (0	1 11	SSASE	-					
	NO.	PART II. OTH	HER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	DITION GIVE	N IN PART I(e)	9. WAS AUTOPSY PERFORMED?
^	3								The la		YES NO
6	CERTIFI	20a. ACCIDENT	WAS UNDERLYING THE	20b. DES	CRIBE HOW INJURY	OCCURED	(Enter nature of injury in	Part I or Part II of it	em 18.)		
		(IF EITHER, NOTI	IG CAUSE OF DEATH FY MEDICAL EXAMINER	1)							
	CAL	20c. TIME OF IN		ear 20d. While	INJURY OCCURRED Not While		CE OF INJURY (Home, far ory, street, office bldg., et		own)	(County)	(State)
	MEDI	p.m		at wo							
		21. I certify	that (I) (this has	ital) alten	ded the deceas	ed from	3/19	19 6.C. to	4./.	1965.	hat (1) (we) la
		saw the dece	ased alive on	4/1	19.6.6.	and that	death occurred at	STIN from the	causes a	nd on the dat	e stated above
		220. SIGNATUR	E	11	,		ATTENDING		TAFF	XIII men	22h. DATE
		160	Clay Itt	Meur		М.	D. PHYS.		HYS.		4/4/00
1		22c. PHYSICIAN		1 0			22d. ADDRESS				Hin.
1			VOHN	4. 51	4AW MI	A		MUNGSO			1. Will
	23	BURIAL, CREMA		EREOF /66	Cedar	CEMETERY	Cem, Bro	oklyn A.	N (City, low	n or county)	(State)
P	1	suriai	Tues a	TICE	EVANC		imana				
1/14	24	FUNERAL DIRECT	OR'S SIGNATURE UN	119	arles S		21230	C'D BY REGISTRAR	25b. REG	ISTRAR'S SIGNA	TURE
210	P	aven a	1400	D OII	arres b	J. 1/104	DATA	'K 5 196	66 /	lanely)	udge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL end give nearest town succe the NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5 eg State hours NO DATE Month Year DECEASED OF DEATH nril (Type or print) 19 6. COLOR-OR RACE | 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In Pears | IF UNDER 1 YEAR last birthday) | Months | Days IF UNDER 24 HRS Hours 2 WIDOWED DIYORCED event 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? State Roads Com. Maintainance Baltimore, Md. U.S.A. pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leonard Huber Ethel M. Woods 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) permit. removal. rs Jessie V. Huber Harford Road 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) cremation, icheter mulita Conditions, If eny, which gave rise to immediate DUE TO cause (a), stating the T underlying cause last. used as to burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES T NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 should lagent, pri MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work et work the certi Inspection inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy FUNERAL DIRECTOR: Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER 4-15-61 **EXAMINER'S** director. Address (Street, city, town, or county) NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Md. Bel Air, 0 Air Memorial Cemeterv Buria REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ALSME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 haurs after death. funeral and er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY. in by the tuners. Pages 1 MARYLAND ve carban papers. Pages 1 event, within 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b write RURAL and give negrest tawn) altimore e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? filled YES NO 4. DATE remave carban NAME OF Middle Lost Doy Year DECEASED OF DEATH 1966 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR lost birthdoy) Months Days Hours and in any DIVORCED WIDOWED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY .. COUNTRY? -ANG-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal 16. SOCIAL SECURITY NO INFORMANT PHYSICIAN: The law requires that the death (Yes, no, or unknown) (If yes give wor or dotes of service crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit purial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) 2 DUE TO signed ! Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the haspital ar attending After this certificate has been be detached far use as the State Dept. af Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) IFICATION YES NO 20o, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While OR ATTENDING ot work at work After 21. I certify that (I) (this hospital) attended the deceased fram and that death accurred at 12:05 th, from causes and an the date stated abave O FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. director, page Shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Page 4 may NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION 23b (County) REMOVAL (Specify) BROOKVIEW KISING SUN URIAI 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 140 ME OX FORD

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04890 requires that the death certificate be executed within 24 hours after death attending physician and completely filled in by the funerol permit. Then please remove carbon papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Fort Howard 19 Dava Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Veterans Administration Hospital 2271 Reisterstown Road YES NO XX 3. NAME OF Middle 4 DATE Year DECEASED OF DEATH JOSEPH (NMI) JACKSON APRIL 30 19 66 (Type or print S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours 10/9/96 Male Colored WIDOWED XX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Beth Steel Co. Calvert County. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Jackson Louise Gant IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Yes 159-07-36-14 Clin. Records. VAH. Fort Howard. Maryland cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF LUNG YEARS IMMEDIATE CAUSE (o) DUF TO buriol. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 moy be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate hos been prior to the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work ot work pe , 19_66, ta 4/30/ , 19 66 that \$1) (we) last 21. I certify that XI) (this haspital), attended the deceased fram. 19 66, and that death accurred at OOAN, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** 4 30 66 M.D. DIRECTOR PHYS PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH, FORT HOWARD, MARYLAND ADATEPE. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION 23b. DATE THEREOF, BALTIMORE, MARYLAND BALTIMORE NATIONAL 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles A.Rice, VCharles DATE MAY 1966 661 W. Barre St. 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04891 requires that the death certificate be executed within 24 haurs after death death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE h COLINEY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) 2840,12 d. NAME OF HOSPITAL OR INSTITUTION-(If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES T NO IX NAME OF DATE arban First Middle Lost Month Dov Year DECEASED 19 (Type or print) DEATH SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Davs Hours WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME LA: MOTHER'S MAIDEN NAME the attending phys WAS DECEASED EVER IN U.S. ARMED FORFES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na. ar unknown) (If yes give war ar dates of service) 10 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH. IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES far 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While of wark of work be retained by 21. I certify that (I) (this haspital) attended the deceased fram 12-13-65, 1965, to april 1966, that (1) (we) last 4/2819 66, and that death accurred at 1020 AM, from causes and on the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING N moano DIRECTOR M.D. PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J. F. Palmisano, M. D. 6608 Loch Raven Blvd. directar, 23c_NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Ц		220. SIGNATURE	eceased alive on_1	1/1/	19 00 and 1110	i death occurred at	TITING, Hottligtuses		TE SIGNED	Totea	above
		ZZO. SIGNATURE	Thold	n B	Ka Jansumi	ATTENOING D. PHYS.	MED. OIRECTOR PHYS.		5/66		
1		22c. PHYSICIAN'S	2 mg		Mary Marie	22d. ADORESS	OIRECTOR CLA PHIS. L	-/	7/00		
		NAME (Type	SHELD	ON E. I	KALMUTZ, M. D.	VAH FORT	HOWARD, MARY	LAND			
		BURIAL, CREMATIC		REOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	own)	(Caunty)	(Str	ote)
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ADDRESS

BALTIMORE.

256. REGISTRAR'S SIGNATURE

2Sa. REC'O BY REGISTRAR

1956

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the carbon papers. Pages 1 and directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after degr VR A15 (4) 20 M 1/66

24. FUNERAL OIRECTOR

MARSHALL JONES, FUNERAL HOME.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and 2. USUAL RESIDENCE (Whose deceased lived, if institution: Residence before admission PLACE OF DEATH physician and completely filled in by the funeral en please remove carbon popers. Pages I and o. COUNTY o. STATE Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 32 Davs Romney Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 640-4th Street NO A 3. NAME OF Middle 4 DATE Manth Day Year DECEASED 66 Leslie Jenkins 16 Winerd 19 (Type or print) DEATH anyeveni IF UNDER 1 YEAR IF UNDER 24 HRS. S SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years birthday) Manths Days Hours DIVORCED 3/24/22 WIDOWED White Male 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT Public Schools during most of working life, even if retired) USA? Frostburg, Maryland Teacher 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, Margaret Williams David Jenkins 17. INFORMANT Clinical Records Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, po, or unknown) (If was give, war or dates af service) V.A. Hospital, Ft. Howard, Maryland 217 18 45 12 cremotion, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA IMMEDIATE CAUSE (a). DUE TO buriol, LOBAR PNEUMONIA. BILATERAL Canditians, if any, which gave DAYS rise to immediate couse (a). DUE TO stating the underlying cause by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) OR ATTENDING PHYSICIAN: The CERTIFICATION ENCEPHALOMALACTA YES X NO D 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at work at wark 21. I certify that M (this haspital) attended the deceased fram 3/14 19 66, ta 4/16 1966, that (A) (we) last ro Hospital or Attend Poge 4 moy be retained saw the deceased alive an 11/16 19 66, and that death accurred at 1:15 No fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 17 66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po NAME (Type) ADOLFO SCATENA. VAH, Fort Howard, Maryland M. D. 23a. BURIAL, (REMATION, BREMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Zannino, Funeral Home, Baltimore, Maryland

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Division of STATISTICAL RESEARCH AND RECORDS.

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RYLAND STATE DEPARTMENT OF HEALTH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04899 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death puo filled in by the funeral papers. Pages 1 and . PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). o. COUNTY o. STATE Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Jesterville. 20 days Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? No street Veterans Administration Hospital NO DE 3. NAME OF Middle Lost 4. DATE Month Year CONDON Doy physicion and completely OECEASEO 1966 Aprel JOHNSON JAMES ROLAND DEATH (Type or print) event, IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH reprove Stoirthdoy) Months Hours Ooys 8/25/29 WIDOWED DIVORCED Negro Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Self employed Deal Island, Maryland Waterman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emma Ballard John Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) I(If yes give wor or dates of service) VAH Fort Howard, Maryland Clinical Records 213 24 11 76 Yes 1B. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p INSEL AND THE PART I. DEATH WAS CAUSED BY: Carcinoma of Lung IMMEDIATE CAUSE (o). 163X DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO JA for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work ot work 1966 ta4/25 19 66 that A (we) last 21. I certify that (this haspital) attended the deceased framu/5 saw the deceased alive an 1,105/66 19 66, and that death accurred 102 10 Minor causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MEO. DIRECTOR STAFF PHYS. 1/25/66 M.D. PHYS 22d. AODRESS 22c PHYSICIAN'S NAME (Type) VAH Fort Howard, Md. JOHN D. TALBERT, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION. Buraal (Specify) Jesterville Jesterville Mary Maryland 2So. REC'O BY REGISTRAR Compline 14.3

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) MARYLAND b. CITY ORLYOWN (If outside corporate limits, write, RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours hours 프 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO pletely executed within carbon 3. NAME OF Middle DATE 4. Month Day Year DECEASED OF (Type or print) DEATH 19 e e co 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) and c Months Hours WIDOWED 2 DIVORCED 10b. KIND OF BUSINESS OR 52 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician on please COUNTRY? during most of working life, eyen if retired) and missen certificate 13. FATHER'S NAME removal. MOTHER'S MAIDEN NAME attending ph 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ned by the attence of transit permit. 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). that the ONSET AND DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last, CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO T 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b_ 22a. SIGNATURE ATTENDING MED. DIRECTOR PHYS. Page 4 may 1 M.D. ADDRESS PHYSICIAN'S 22c. NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Woodlawn ADDRESS Woodlawn Buria] FUNERAL DIRECTOR Stansbury 6411 Windsor Mill Rd. REC'D BY REGISTRAR 1966 VR A15 (4) 15M 4-64

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ATTER PETAL SHOOT SHOT SH	saw the deceased alive on 'Fel- 1111 1966, and that death occurred at 12.45 M, from the causes and on the 22a. SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after more MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Páge within 72 hours a pà write RURAL and give nearest town) more (6 WSOn = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? 24 lowson Nyrsing Convalescent Homo No X YES letely executed within pou DATE Month Middle Day DECEASED OF ar, remove carl any event, ucey (Type or print) nna 10 DEATH 1966 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED physician n please ri val, and in n 10a, USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY / SA hibrarian 13. FATHER'S NAMI MAIDEN NAME Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT been signed by the atten the burial-transit permit. or to burial, cramation, or (Yes, no, or unkown) (If yes give war or dates of service) 6748 GKAKITK Rd. Batt Mrs. M.W CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY BALTIMOR e. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) BALTIMORE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1205 ROBIN HODD Cincle YES NO within NAME DE DATE Middle 4. 22Day Lest Month DECEASED HARLES US INFIELD (Type or print) DEATH O 1966 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED any WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT an during most of working life, even if retired) INDUSTRY COUNTRY? Ketined SILi Wari Keline death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova CHARLES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) (SAM MRS. DOROTHY BIKELLER. burial-transit pern burial, cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO PHYSICIAN: The law requires Cenditions, If any, which gave rise to immediate r te DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health certificate PERFORMED? NO this ce. 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Pert I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. P 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 12: No. M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b DATE SIGNED OR be page ATTENDING DIRECTOR O HOSPITAL o FUNERAL director, pa should be fil PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) CHONG BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Timonium . Balto . Co . Md . Buria Mem Gris aney Valley REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Sons Co. VR A15 (4) 20M 1/65

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Then please re removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. RETIRED BALTIMORE. MARYLAND certificate 14. MOTHER'S MAIDEN NAME attending parmit. Then Marie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. death (Yes. no. or unkown) (If yes give war or dates of service) 215-09-7990 no Kennusame 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the has be as th prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate hadetached for use a te Dept. of Health p PERFORMEO? CATI NO T YES [CERTIFI 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) HONE MEDICAL 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 9 Hour a.m. After Id be d e State Not While While retained by at work at work p.m. FUNERAL OIRECTOR: Af director, page 3 should libould be filed with the S 21. I certify that (I) (this hospital) attended the deceased from. M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE OATE SIGNED be TO FUNERAL OIRE director, page 3 should be filed v MEO. STAFF **OIR ECTOR** PHYS. M.D. Page 4 may PHYSICIAN'S 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) timore burra REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR BY REGISTRAR 25b. 1966 Inc Baltimore. Md. VR A15 (4) DATE 20 M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY 12 H carrett Baltimore by th MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2. W. INDEX Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely YES NO papers. Rosewood State Hompital Vindex. Maryland NAME OF 4. DATE Middle Month Year DECEASED OF Bobby Kent Lee (Type or print) DEATH 66 19 with tarbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX and B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months White WIDOWED DIVORCED Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Garrett County . Md . USA please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence Kent Christine Stewart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Rosewood Records, Rosewood State Hospital 1B. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO attending (b) gave rise to immediate cause DUE TO (e), stating the underlying certificate 98 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? use prior NO Por 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) ŏ factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: at work 13 - 1966, that (I) (we) las 22a. SIGNATURE DATE ATTENDING FUNERAL DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS ector, NAME (Type) Rosewood St. Hosp. Owings Mills, Md. Koppanyi, M.D. Zsolt 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF कृ कु 4/16/66 Mt. Zion Cemetery Swanton, Md. 24-RUNERAL DIRECTOR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE after death. and 2 funera PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, 1f Institution; Residence before admission) b. COUNTY Ketchum Ave. by the 1 Maryland MARYLAND Pages Irs aft b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) oon papers. Pag within 72 hours hours Sparrows Point. Sparrows Point (Baltimore Co.) = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? 2419 Ketchum Avenue YES L NO death certificate be executed within completely carbon 3. NAME OF First Middle Last OATE Month Oay Year DECEASED April 19 66 DAVID (Type or print) KETCHUM OEATH 5. SEX 6. COLOR OR RACE any eve DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months | eb. 6 and M White WIOOWED DIVORCED Marran 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY اء 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician and ii Steelworker Steel Mkl] Maryland ם 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph remova David Ketchum Marv Ziegelheaf 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ed by the attenctransit permit. 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) (If yes give war or dates of service) Family Records been signed by the stransit is the burial-transit is into burial, cremati ONSET AND DEATH CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] that the PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. PZV IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate OUE TO cause (a), stating underlying cause last. as certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMEO? NO Z YES 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF OTHER (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of After this 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work the 19 65 that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from. director, page 3 should should be filed with the and that death occurred at 2 66 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNEO 22b. 22a. SIGNATURE ATTENOING PHYS. STAFF PHYS. 4/7/66 Page 4 may b M.O. DIRECTOR PHYSICIAN'S 22d. ADORESS 22c. NAME (Type) Conway director should LOCATION (City, town or county) (State) OATE THEREOF 28c. NAME OF CEMETERY OR CREMATORY 23d. 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Anatomy Greene St. Balto. Md S. Board Removal TEC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE reston VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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	icate be e physician in please r	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) practical nurse 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U. S.	
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		21. I certify that XI) (this hospital) attended the deceased from June 29, 19 64, to April 2, 19 66, that XI) saw the deceased alive on 2007 19 66 and that death occurred at 3 5 M from the causes and on the date state.	(we) las
6	m m >	22a. SIGNATURE 22b. DATE SIGNED	red above
		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 14-2-66 22c. PHYSICIAN'S C 1 22d. ADDRESS SPRING GROVE STATE HOSPITA	T
	Page 4 may O FUNERAL I director, pag	NAME (Type) George Rodon Baltimore, Maryland 21228	
	Page 4 margine Page 4		(State)
		24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	E
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pino 1. PLACE OF DEATH 2. USUAL SESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death MARYLAND b STOOR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY QR-TOWN (If outside corporate limits, write RURAL end give neerest town) 24 write RURAL and give nearest 70within #e NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? etely NAME OF 4. DATE Monti Day within pa duoo DECEASED OF (Type or print) DEATH(19 IF UNDER 24 HRS. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR pue NEVER MARRIED 8. last birthday) Months Days Hours even WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11E BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Ene please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Then removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.L 17. INFORMANT (Yes, no, or unkown) | (If yes giva war or dates of sarvice) The law requires that permit. attending physician. signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO peen Conditions, if any, which gave rise to immadiate cause the bur burial, certificate has DUE TO (a), stating the underlying PHYSICIAN: the hospital or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Se 0 CERTIFICATION PERFORMED? use prior NO for 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in part I or Part II of item 18.) DIRECTOR: After this of Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) While Not While factory, street, office bldg., etc.) Hour a.m. Dept. at work at work 19 p.m. Pe .6...., 1964, that (1) (wa) last 21. I certify that (I) (this hospital) attended the deceased from..... to... plnods State saw the deceased alive on. L. may 22a. SIGNATURE 22b. DATE the st ATTENDING STAFF SIGNED HOSPITAL FUNERAL page with t PHYS. DIRECTOR PHYS. M.D. Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, Peli! 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) O F EMOVAL (Specify) SIGNATURE BY RECISION 256 BEGISTRACE SIGNA 24 FUNERAL DIRECTOR'S VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE Mary land b. COUNTY Harford etely filled in by the further than the form papers. Pages 1 and within 72 hours after d after Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b hours Catonsville

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cardiff Catonsville filled i e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 HOSPITAL GRO VE STATE SPRING none NOTE and completely fremove carbon parameter, withir YES requires that the death certificate be executed within 3. NAME OF First Middle Last DATE Month 4. Day Year DECEASED Walter Kilburn Hershev 6 19 66 April (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED June 10, 1887 male white WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 4 12. CITIZEN OF WHAT the attending physician t permit. Then please please I, and in during most of working life, even if retired) U. S. night watchman Penna.= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Harry Kilburn Florence Shawberger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address cramation, or (Yes, no, or unkown) (If yes give war or dates of service) 265-18-5601 Records: SPRING unknown GROVE STATE HOSPITAL been signed by the the burial-transit or to burial, cremati CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Arterioscle rotic heart disease PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Generalized arteriosclerosis Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as the r this certificate has b detached for use as t te Dept, of Health prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After d While Not While at work Page 4 may be retain.

Jense 4 may be retain.

FUNERAL DIRECTOR: After a page 3 should by the Standard of the Standard with the Standard by th p.m. at work March 1964 April 21. I certify that ((this hospital) attended the deceased from saw the deceased alive on April and that death occurred at _M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 4-7-66 DIRECTOR PHYS. STATE director, p PHYSICIAN'S **ADDRESS** GROVE NAME (Type) Stella Wachsler, M.D. Baltimore, Maryland 21228 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Apr.9.1966 Fairview Coatesville Burial REGISTRAR'S REC'D BY REGISTRAR | FUNERAL DIRECTOR Delta, Penna. VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04911 CERTIFICATE OF DEATH Jurs after death deof 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH b. COUNTY o. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) FORT HOWARD c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 82 DAYS BALTIMORE papers. hin 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the death certificate be executed within 24 VETERANS ADMINISTRATION HOSPITAL 5702 BIRCHWOOD AVENUE YES NO X 3. NAME OF First Middle 4. DATE Month Lost Doy Year DECEASED CONRAD KISSEL (Type or print) JAMES DEATH APRIL 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Doys Hours physician and car WIDOWED DIVORCED 30 1900 MALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Industry nting NEW JERSEY U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CONRAD J. KISSEL MAGDALINA FIRTH 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) YES WW-1 212 01 2548 CLIN REC VAH FT HOWARD MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (0) UREMIC POISONING The law requires that signed by DHE TO Conditions, if ony, which gave YEARS NEPHROSCLEROSIS rise to immediate couse (o), DUE TO stoting the underlying couse as the be retained by the hospital or attending 10 FUNERAL DIRECTOR: After this certificate has been (c) HYPERTENSION YEARS 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? detached far use te Dept. af Health p CERTIFICATION YES X NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) ot work of work 21. I certify that ((this hospital) attended the deceased from Feb. 19 66 to Apr. 30 19 66 that (X (we) last saw the deceased glive on Apr. 30, 1966, and that death occurred at 5 P. M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 4 30 66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MUSTAFA H. ADATEPE, M. D. FORT HOWARD, MARYLAND VAH, director, p 23c. NAME OF CEMETERY-OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) BEMOYAL (Specify) PARKWOOD (emetery BALTIMORE MARYLAND RUCKRETUNERAL HOME 24. FUNERAL DIRECTOR eonard VR A15 (4) 20 M 1/66 5305 Harford Rd. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. uneral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after Baltimore Maryland **MARYLANO** CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Catonsville 19yrlOmthlhdy 8 Baltimore = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS within 72 HOSPITAL Edmondson Avenue STATE etely carbon 3. NAME OF First Middle Last 4. DATE Month DECEASED event, Apr. 3,1966 dub (Type or print) DEATH Caroline Klein executed 5. SEX 6. COLOR OR RACE OATE OF BIRTH ACE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 7. MARRIEO NEVER MARRIEO [last birthday) Months I female white WIOOWEO X Sept. 23. DIVORCEO 1882 = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY 11, BIRTHPLACE (County & State, or foreign country) physician lease and ii howsewife Maryland death certificate 0 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending ph remova Weismann Louis Pailer 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the atten 0 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, unknown Records: SPRING GROVE STATE unknown 18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c). The law requires that the PART I. OEATH WAS CAUSED BY: Arteriosclerosis n signed l burial-trai burial, cre IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which (b) been gave rise to immediate OUE TO cause (a), stating the as th underlying cause last. (c) certificate

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NAME OF CEMETERY OR CREMATORY

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4-5-1966

F.C. Higinbothom, Ellicott City, Md

22a. SICNATUR

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PHYSICIAN'S

NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

VR A15 (4) 20M

PHYSICIAN:

ATTENDING

Baltimore . Md REC'O BY RECISTRAR | 25b. RECISTRAR'S SIGNATURE 1966

Baltimore, Maryland 21228

23d. LOCATION (City, town or county)

and that death occurred at LOLM, from the causes and on the date stated above.

OIRECTOR

22d. AOORESS PRING GROVE

e. IS RESIDENCE ON A FARM?

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COUNTRY?

U. S.

STATE HOSPITAL

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Baltimore Baltimore MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore #34 Parkville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7812 Westmoreland Ave. 7812 Westmoreland Ave. event, within YES NO X 3. NAME OF First Middle DATE Oav Year DECEASED CONRAD KOERNER April 15. 19 66. (Type or print) DEATH JOSEPH 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Cays Hours I Min 7. MARRIED NEVER MARRIEO ease remove Months | Days Male White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | during most of working life, even if retired) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be INDUSTRY COUNTRY? Martin Co. U.S.A BALTO. Procurement
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME CONRAD JOS. KOERNER 17. INFORMANT KUCHTA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 0 (Yes, no, or unkown) (If yes give war or dates of service) 217-18-3981 MRS. HELEN T. KOERNER SAME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed **OUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES NO T PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. Not While After While at work at work DIRECTOR: A age 3 should lied with the S 19.69 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on 19/26 DATE SIGNED 22a. SIGNATURE page . DIRECTOR PHYS. M.D. FUNERAL HOSPITAL 22d. ADDRESS TO FUNERAL director, p should be 1 22c. PHYSICIAN'S NAME (Type) 8100 Harford Rd., Balto., Md. Elliott Harris 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) GARDENS OF FAITH CEMETERY Burial REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 haurs after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) funeral 1 and PLACE OF DEATH b. COUNTY a. COUNTY Marvland Baltimore MARYIAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b haurs aft Baltimore þ Rural Baltimore e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .⊆ ve carbon papers. event, within 72 h ON A FARM? filled 1511 Pentridge Road Augsburg Lutheran Home 6811 Campfield YES NO X Lost 4. DATE Manth Year Middle NAME OF First campletely DECEASED April 1966 Virginia Kooke Laura DEATH (Type ar print) requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Hours White Oct. 31, 1873 Female N. WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of wark done during mast af warking life, even if retired) 11. BIRTHPLACE (County & State, or fareign cauntry) 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY Carroll Co., Maryland housewife
13. FATHER'S NAME attending physicia permit. Then plea 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, Laura V. Meade William H. Hoffman 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service 6811 Campfield Rd. Paul A. Hauer, Supt. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c). ONSET_AND DEATH signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate couse (o), DUE TO stating the underlying cause be detached far use as the State Dept. of Health priar ta O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X Page 4 may be retained by the haspital ar 205. DESCRIBE HOW INJURY ACCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm. (County) (Stote) (City or tawn) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factary, street, office bldg., etc.) Nat While Haur a.m. of work at work 19.60 to lynn 21. I certify that (1) (this haspital) attended the deceased fram_ 1966, and that death accurred at M. M. from causes and an the date stated above. saw the deceased alive an light DATE SIGNED 22b, 22o. SIGNATURE STAFF PHYS. MED. DIRECTOR M.D. PHYS director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S 4108 Liberty Heights Ave. Balt. Md. Earl L. Chambers NAME (Type) NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County) (Stote) 23b. DATE JHEREOF 23a. BURIAL CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4)

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	uted	Sevel Sevel		5. SEX 6COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
	xeci	and and	1	male White WIDOWED DIVORCED 1-31-04 6271s.	Hours Min.
		ase of the		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	Y?
	ate	plea plea I, ar	7	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	151
	death certificate be	Then mova		George Kraus Elizabeth Dillman	
	90	it.]		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service)	15.6
-	deat	e att		No 212-57008 unfe same an policit) ,
		y th			ERVAL BETWEEN SET AND DEATH
	at t	tran cre		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancerna of ampulla ONS	
	es th	sign irial irial		Conditions if any which I	
	quir ng p	to bi		gave rise to immediate cause (a), stating the DUE TO	
	w re	as the		underlying cause last. (c)	
	PHYSICIAN: The law requires that the the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after		TANK TO THE PROPERTY OF THE PR	WAS AUTOPSY PERFORMED?
	IAN:	of H		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Sic	ache ept.			(State)
	OR ATTENDING PHY y be retained by the	fter th be det State D		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 work 20d. INJURY OCCURRED	(State)
	END	R: A			hat (I) (we) last
	ATT	sh with		saw the deceased alive on 1966, and that death occurred at 764M, from the causes and on the dat 22a. SIGNATURE	
	6 8	DIR Bee		Flipma A- Silvestie M.D. ATTENDING MED. STAFF 14-1-62	6
	ITAL	NERAL tor, pour	1	22c. PHYSICIAN'S NAME (Type) Filipina A Silvestre Escater Ballimone Ineducal	Center
	TO HOSP	direct shou		23a. BURIAL CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) 4/4/66. Holy Redeemer Cemetery Baltimore, Md.	(State)
		A15 (4) A	P	24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 DATE R. 5. REGISTRAR'S SIGN DATE R. 5. 1966 Clearles Q.	NATURE
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minife of the country of n/b/Ac late Pulmeday Sentential in the contact efection of Park Inc. Britis. No. 21316. APR DE MINE ABER AT 394

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1.	PLACE OF DEATI	1				OTATE		ceased lived, If inst		sidence b	efore admission)
			Baltimore		MARYLAN		. SIAIL 1	arylar	id b. coon	Bal	timo:	re
		b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN	Ib c. CI	TY OR TOWN (If	outside cor	porate limits, wri	te RURAL a	and give	nearest town)
		THE RESIDENCE	and give meanest ton	,						0.00	0 -	- /
		d. NAME DE HD	SPITAL OR INSTITUTIO	ON (if not in h	ospital, give street addre	ess) d. S1	REET ADDRESS					IS RESIDENCE
0			41 Cliffwo	od Roa	d	1 4	l Cliffw	vood Ro	ad #6			ON A FARM?
	3.	NAME OF DECEASED		irst	Middle		Last	4. OATE	Month	-	Oay	Year
		(Type or print)		ward		Krea	ger	OEATH	4		1/1	19 66
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 8. OAT	E OF BIRTH	9.				UNDER 24 HRS.
	1	Male	White	WIDOWED		1 12	-26-1868	3	97 vrs.	Months	0ays	Hours Min.
	10a	USUALOCCUPAT	IDN (Give kind of work	done I 10h k	(IND DF BUSINESS OR	4 1 .			or foreign country)	12. Cl	TIZEN DE	WHAT
	duri	ing most of work	Ing life, even if retire	d) Ra	NDUSTRY ltomore City		Commone			1	UNTRY?	A
	13.	FATHER'S NAM		1 200	T COULD E OT CA	1 14.	Germany	OFN NAME			U.S.	A
				was a			morner o min		TT .			
	15	WASDECEASED	OTIKITOW EVER IN U.S. ARMED FO	m Krea		181500	AANIT		Unknow			
	(Ye	s, no, or unkown)	(If yes give war or dates of	f service)		17. INFOR			Address			
		No		12	14-26-9017	Edwar	d H. Fra	anz 41	Cliffwood	d Roa	d #6	
	1			- 1	line for (a), (b), and (c).1	1-	11 +	- D	•-			AL BETWEEN ANO OEATH
		PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) A-	lesseles	hi:	leary	This	een	200	011321	Alto Obtili
		420										
		Cenditions, If		(b)						A F		
		gave rise to					- 2011 S	1000				
	cause (a), stating the DUE TO											
	No			(c) ONS CONTRIB	UTING TO OEATH BUT NOT	RELATED TD	THE TERMINAL I	DISEASECON	DITIDN GIVEN IN F	ART 1(a)	19. V	VAS AUTOPSY
	AT					,						ERFORMEO?
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	CERTIFICATION	DR CDNTRIBUTI	NG CAUSE DE DEA	TH	DESCRIBE HOW INJURY (CCURRED.	(Enter nature of	r Injury III Pa	art i or Part ii or	Item 10.)		
	AL	20c. TIME OF	NJURY Month, Day,	Year 2Dd. I	INJURY OCCURRED 20e.	PLACE DF	NJURY (Home, fa	arm, 20f.	(City or town)	(Cour	nty)	(State)
	EDICAL	Hour a.r.		While	La Mor Mulle	actory, stre	et, office bldg., e	etc.)				
	Σ	p.r		at wor		-		-/1/	61- 1	20/1		(1) () 11
			//	pital) attend	led the deceased from		, ,	96 4, to_	· ·	_, 19 <u>C</u>	-	(I) (we) last
		saw the dec	ceased alive on	12-1-1	13 1964, and	that death	occurred at	PM, In	om the causes a		ie date :	
1		ZZZ. SIGNATUI	" Robe	1 4.	Ty de M.D	M.O. PHY		MEO. OIRECTOR	STAFF PHYS.	4/1	5/6	6.
		22c. PHYSICIA NAME (T)		1		22	d. ADORESS	_		7		
		IAMIAIC (1)	ROBER	+ J.	LYDEN, M	10.	0402	GOLO.	IN RIN	14	RO.	
	23a		ATIDN, 23b. OATE	THEREDF	23c. NAME OF CEME	TERY OR CR	EMATDRY	23d. LD	CATION (City, to	wn or cou	nty)	(State)
		Burial	1,_78	1966	Western Cem	etery		Balt.	imore, Co) -		Md.
)	24.		CTOR	1,00	ADDRESS	2/	25a. RE	C'O BY REGI	STRAR 25b. RE		SIGNAT	
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1	3		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
FOR S		1	04917 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04918
HEALTH	DEPT	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. COUNTY a. STATE b. COUNTY	idence before admission)
- a	2:4	X		
funera may b	tmer		Baltimore MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL experience)	nd give nearest town)
the free	par er	_	Essex d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
ay is 3 to the Page	s aff			ON A FARM?
delay ind 3	State Department hours after death.	3	828 Old North Point Rd NAME DF First Middle Last 14. DATE Month	Oay Year
any del 2, and PM3.	the 72		DECEASED	21/2 10
	2 with within	5		YEAR IF UNDER 24 HRS. Hours Min.
after death. If 8. Give Pages I iong with form	t wi	N	Male White WIOOWED OIVORCED April 18,1889 77 yrs.	
ve P	and	d	uring most of working life, even if retired) INDUSTRY	IZEN OF WHAT INTRY?
afte Gi	(夏)	-	Retired Insulator Baltimore U.S.	Α
CO CO	i a	1		
Her Her	File	1	John Kropfelder Margaret Schuh 5. WAS DECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
14 = -	nit.	1	Yes, no, or unknown) (If yes give war or dates of service) No 214-01-4403 Mr Nicholas Kropfelder 19 S. More	rick Ave
uted within 24 hou in pencil in Item Examiner's Office	permit. I removal,	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH
in in	burial-transit cremation, or	-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H S - C - V - D/SCAS	
Jing cal	-trar tion,		4221 OUE TO	
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ief 1	a b		cause (a), stating the DUE TO underlying cause lest. (c)	
S S S S S S S S S S S S S S S S S S S	d as	NO		19. WAS AUTOPSY PERFORMEO?
the	used as a to burial,	CAT	X mo	YES NO
certificate should be executed within iting the word "pending" in pencil ded to the Chief Medical Examiner's	should be	CERTIFICATION	2Da. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
his c wri	nt, p			ty) (State)
XAMINER: This certificate should be execu certificate, writing the word "pending" ould be forwarded to the Chief Medical Is.	200	MEDICAL	Hour a.m. D.m. 19 While at work of work of the work	(01210)
	DIRECTOR: Page of its designated	2	p.m. 19 at work et work	and in my opinion
he cert should	JR: F		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
2 + 4 =	ECT(CHIEF MEDICAL EXAMINER	OO DATE GLOWED
execute Page	S E S		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUT	22. DATE SIGNED
exe ex	The State of		EXAMINER'S NAME (Type) Melvin B Davis M.D. Addiese Astrophysics, Kowbe, of Examiner,	LIVYY
O DEPUTY please ex director.	FUNERAL DI FUNERAL DI f Health or	2	38. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cour	ity) (State)
2 2.5	10 10	0	REMOVAL (Specify) Burial 4/27/66 Holy Redeemer Baltimore March Funeral Oirector Address 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	ryland
VP AI	5ME (5)	7	100 00 1000 001.	6
5M	1/65	_	Leonard & Ruck Inc. 5305 Harford Rd. DAR 26 1966 fclianle	Judge

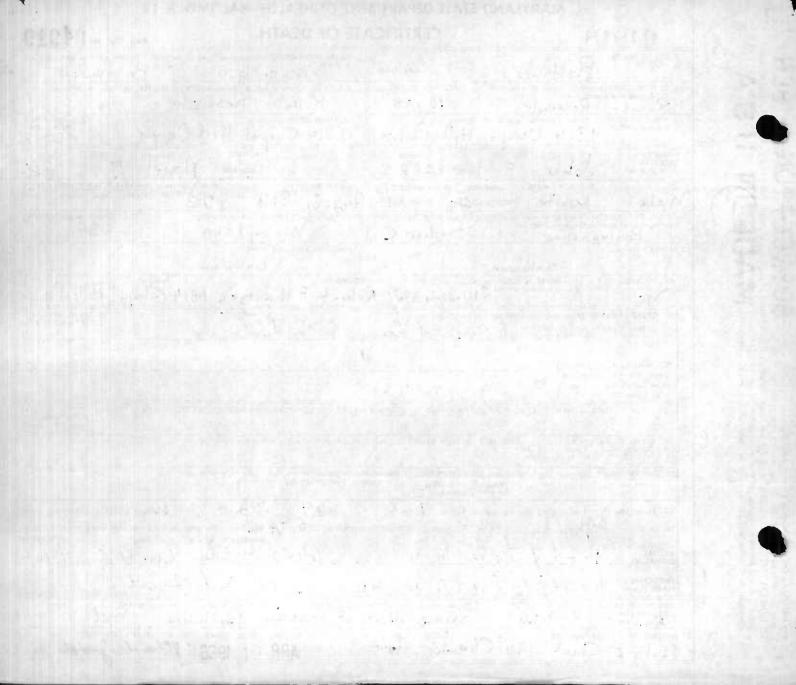
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Legacon's Buck Inc. 1905 Hardowl Rd. LAPE 2 U Subl K Cortes

7 06	M		04918	CERTIFICATE OF DEATH	Reg. Dist. No.()4919
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ero be			CITY OR TOWN (If outside corporate lim RURAL and give nearest town)	ils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
b fun d 2 should	00		D. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION 1314 CL	give street oddress) napel Hill Drive 1314 Chapel Hil	ORIVE O. IS RESIDENCE ON A FARM? YES NO
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pletely f	1	5. 5	Male 6. COLOR OR RACE	7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED Aug. 8, 1892	AGE (In yeors of the yeors of t
and camp and camp an pope)	10a	. USUAL OCCUPATION (Give kind of work during most of working life, even if retired 1301 Le Ruaker	done 10b. KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (Stole or foreign country) Tandard Oil Mary and	1101
fre f		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	•
ng physicia e remave a 72 haurs a		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FO , no or unknown) (If yes, give war or dates of	lectures A	1314 Chapol Hill Drive
the death he attendir hen please ent within			18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Clover of Thomas & Milasland	INTERVAL BETWEEN ONSET AND DEATH
equires that it signed by the permit. It din any ev			gove rise to immediate couse (o), stating the under-	b)	
physiciar physiciar ias been ial-transi		CERTIFICATION		c) NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CO	DNDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
tending ificate by the bur			20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYSIC al ar at this cert r use as ematian		MEDICAL	20c. TIME OF INJURY Month, Doy, Yo Hour o. m. p. m.	20d. INJURY OCCURRED While Not while of work o	town) (County) (State)
haspit After ached fa burial, cr			21. I certify that I attended the	e deceased from feb., 1964, to Wind , 1964, and that death occurred at 5 A M from the	, 19.64 hat I last saw the deceased
to de t			ACTUAL SIGNATURE		city or Jown, stote) DATE SIGNED 4/8/66
HOSPITAL OR nay be retained FUNERAL DIRE age 3 shauld be ne registrar pria	1		PHYSICIAN'S ROBERS	5.14DEN MD Bult md	1. 2,206
may be begge 3 the reg		L	BURIAL, CREMATION, PRINCE THERE BURIAL (Specify) 4-9-60	Sacred Heart of Jesus an Bull	(Stole)
O E O E E VS A15 (4) 15M 9/5B	de	23.	Funeral director's signature	211 Ches Aco Ave. APR 1 1 1961	24b. REGISTRAR'S SIGNATURE A Clearles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after the MARYLAND by the b. City or TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b rbon papers. Pag, within 72 hours hours = NSTITUTION (if not in bospital, give street address) filled d. NAME OF HOSPITALOR d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO I executed within completely NAME OF 3. Middle DATE Last Day DECEASED ysician and complet blease remove carbo and in any event, v (Type or print) DEATH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. SEX 6. COLOR OR RACE DATE 7. MARRIED NEVER MARRIED DIVORCED yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHBLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? physici certificate removal, EATHER'S NAME 14. MOTHER'S MAIDEN NAME attending primit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenctransit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN n signed by the burial-transit burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **PHYSICIAN:** The law requires that the hospital or aftending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) peen gave rise to immediate as the prior to DUE TO stating the or this certificate has be detached for use as the Dept. of Health prior underlying cause last. (c) S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATI 6002 YES NO N 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After Id be de e State While Not While þ at work at work p.m. 19 OR ATTENDIN TO FUNERAL DIRECTOR: After director, page 3 should the should be filed with the S 21. I certify that (I) (this hospital) attended the deceased from 196L #that (I) (we) last 19/14, and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. Page 4 may t PHYS. M.D. DIRECTOR ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) 6 LOCATION CREMATION 23b NAME OF CEMETERY OR CREMATORY or county (State) 25a. REC'D BY REGISTRAR 25b VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				DIVISION OF STATISTICAL RESEARCH AND RECORDS, SOF W. PRESTON STREET, DALIMORE, MARTERIUS 21201
_	26	7		04921 CERTIFICATE OF DEATH
within 24 haurs after death	funeral 1 ond 2 ter teath	VI		LACE OF DEATH COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. STATE Md. Baltimore
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JUES	by 1 Pa			write RURAL and give nearest town) (atonsville Middle River
4 h	d in sers. 72 h		d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE.
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			0	AME OF First Middle Lost 4. DATE Month Doy Year FCEASED OF April 11, 1966
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ath	ottending p permit. The			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
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res th	physician signed by burial-tro burial, cre	-31		4221 DUE TO DISTONS WITH A CUTE & CHAMIC 345.
regui	g physion signed burial oburial			to conditions, in the wind gave (a). Due TO Congestive Heart Failure On the winderlying couse (b)
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PHY ;	the hospi this cert detoched e Dept. o		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, price ladg., etc.) (County) (Stote)
N	<u> </u>			21. I certify that (I) (this hospital) of the deceased from 19 to 11/160, that (I) (this hospital) of the deceased from 19 to 19 to 19 to 19
E	R. /		4	saw the deceased alive on 11/1900 and that death occurred at 30 PM, from couses and on the date stated above
OR ATTENDIN	be retoined DIRECTOR: 3e 3 should led with the			22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
ITAL (RAL D	1		22c PHYSICIAN'S WE McGrath 22d ADDRESS Frederick Catchsville
105	FUNE FUNE director should		23a.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)
0	Poge direct shoul	0		REMOVAL (Specify) Virial FUNERAL DIRECTOR ADDRESS Registrar's SIGNATURE ADDRESS REGISTRAR PLACE REGISTRAR REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04923 CERTIFICATE OF DEATH death executed within 24 hours after deoth funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY BALTIMORE Baltimore MARYLAND Maryland completely filled in by the f b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Fort Howard papers. Pog hin 72 hours 10 4 1 Hat (1) 1/2 (2) 19 Days Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital Rt. #16. Box #471 NO A 3. NAME OF DECEASED Middle 4. DATE First Lost Month remove carbon T. Day Year OF DEATH TANTZ 66 Ward Harmon (Type or print) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Manths Hours 3/10/27 WIDOWED DIVORCED Male White 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) requires that the death certificate be during most of working life, even if retired) AUTOMOBILE INDUSTRIELKins, West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physical phy John Lantz Icie Pearl Malcolm IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates af service) 17. INFORMANT Clinical Records Address 16. SOCIAL SECURITY NO. 64 V.A. Hospital, Fort Howard, Maryland INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one cause per line far (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MELANOMA OF CERVICAL VERTEBRA WITH CORD IMMEDIATE CAUSE (o) -3 MONTHS INVOLVEMENT DUE TO burial, Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause ottending os the TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use CERTIFICATION NO A the hospitol or Por 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at work Page 4 may be retained by 21. I certify that (this haspital) attended the deceased from 1966, 1966, to 1966, to 1966 that (1) (we) last saw the deceased glive an 1966, and that death accurred at 2:40 m. then causes and an the date stated above. should saw the deceased alive an 11/2 5/ 22b. DATE SIGNED 226. SIGNATURE ATTENDING 4/25/66 M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S MILTON GINSBERG. M. VAH FORT HOWARD, MARYLAND NAME (Type) D. director, should 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) MARLINTON CEMETERY MARLINTON. WEST VIRGINIA 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) JOHN J. DUDA. geliarla Judy 20 M 1/66 WISE AVENUE, BALTIMOR

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04925 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY . 25 b. CITY OR TOWN (if outside corporate limits TOWN (If outside corporate limits, write RURAL end give neerest town) writa RURAL end giva nearest town) d. STREET ADDR e. IS RESIDENCE ON A FARM? YES NO DECEASED (Typa or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED [BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? for unkown) | (If yes give war or datas of servica) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immadiate causa DUE TO (a), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, (Stata) Month, Day, Year 20f. (City or town) (County) factory, street, offica bldg., atc.) Hour a.m. While Not While at work at work p.m. (this hospital) (attended the deceased from..... 22a, SIGNATURE ATTENDING MED DIRECTOR PHYS. PHYS. M.D. ADDRESS 22c. PHYSISIAN 22d. NAME (Type) 23a. BURIAL, CREMATION, | 23b. OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 青春 0 REC'D BY REGISTRAR VR A15 (4) 1SM 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH the attending physician ond completely filled in by the funeral sit permit. Then please remove copean-gapers. Pages 1 and o. COUNTY BALTIMORE o. STATE MARYTAND MARYLAND certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) FORT ALHOWARD rest town) BALTIMORE 21202 12 DAYS e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 210 E. Lanvale Street VETERANS ADMINISTRATION HOSPITAL YES NO within NAME OF Middle Last 4. DATE Month Doy Year DECEASED (Type or print) CHARLIE (CHARLES 66 April 20 LEE. JR. 19 DEATH IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED pleose remove birthdoy) Hours JUNE 10, 1918 NEGRO WIDOWED DIVORCED MALE 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) U.S.A. during most of working life, even if retired) INDUSTRY BAKERY BETHUNE, SOUTH CAROLINE COOK - BAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY ABLE CHARLIE LEE, SR. 16. SOCIAL SECURITY NO 17 INFORMANT Address The law requires that the deoth (Yes, no, or unknown) (If yes give wor or dotes of service) CLIN. RECORDS VA HOSPITAL, FT HOWARD, MD. 218 07 49 WW II YES buriol, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit RECENT PEATH PART I. DEATH WAS CAUSED BY BRAIN STEM FAILURE signed by 1 IMMEDIATE CAUSE (o) the hospital or offending physician. DUE TO Conditions, if ony, which gove CEREBRAL EDEMA 2 DAYS rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been for use os the CRAINOTOMY FOR INTRACRANIAL ANEURYSM 1 DAY 19. WAS AUTOPSY PEREGRMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES A NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c, TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Not While ot work TO HOSPITAL OR ATTENDIN Page 4 moy be retained by 21. I certify that (4) (this haspital) attended the deceased fram 4/8/66 saw the deceased alive an 4/20/66 19 , and that death ac 4/20/60 19___, that ((we) last 19 , ta_ and that death accurred &: COA M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING 4/20/66 M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S VAH FORT HOWARD, MARYLAND NAME (Type) MILTON GINSBERG, M. D. director, 23o. BURIAL, CREMATION 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL BALTIMORE, MARYLAND BALTIMORE NATIONAL Homeo D D D 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR C. March Funeral Minne 20 M 1/66 928 E. North Avenue.

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DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH should PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) hours a. COUNTY b. COUNTY 12 t Baltimore death. MARYLAND laruland 0 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 24 write RURAL end give neerest town) <u>-</u> 1835 W Baltimore St. atonsville d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Balto. Md Paradise Nursing Home YES NO 3. NAME OF Middle DATE Month Year DECEASED OF April 1 (Type or print) DEATH 19 Leonas 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED L. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours WIDOWED [DIVORCED Dec. 16 1896 physician OVe 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Hospital 4ardner 115A Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Leonas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) no 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION PERFORMED? use prior NO [20e, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, ferm, 1 Month, Dey, Year 20d. INJURY OCCURRED 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) det While Not While DIRECTOR et work at work 1984, to april 19.6. that (I) (we) last 19.66, and that death occurred at 9.6...M, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE 22b. DATE ATTENDING STAFF page HOSPITAI FUNERAL PHYS. DIRECTOR PHYS. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) P. g. g REMOVAL (Specify) Most Holy Redeemer REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Kenny, Inc. 1600 Hollins St. Balto. Md. 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death, death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY. BALTO BALTO MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours CATONSVILLE GATON SUILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS A. IS RESIDENCE within 72 ON A FARM? MAPLE MAPLE DRIVE. 30 NO X YES etely carbon 3. NAME DE First Middle Last DATE Month Day Year DECEASED ANTONIO LIBERTO APRIL 66 de (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED | 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. 9. NEVER MARRIED last birthday) | Months | Days Hours WIDOWED T OIVORCED [Vrs. and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) COUNTRY? RODUCE CIL U.S. A SELFLEMP 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova VINCENT GIARDINA SERAFINA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address the attent 5 (Yes, no, or unkown) (If yes give war or dates of service) NO 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICAT YES NO Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 1963 to H-27, 1966, that (1) (Ne) last 21. I certify that (I) (this hospital) attended the deceased from... OIRECTOR: age 3 should and that death occurred at 24. M. from the causes and on the date stated above. 1966 saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED MED. M.D. HOSPITAL TO FUNERAL PHYSICIAN'S ADDRESS director, p 23a. BURIAL, CREMATION, 23b. OATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 24. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY 2, and 3 to PM3. Page o. STATE b. COUNTY af after death. MARYLAND b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest taway d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE haurs ON A FARM? YES NO X after death NAME OF 4. DATE Doy Year DECEASED OF DEATH NICHOLAS 1966 within (Type or print) 9. AGE (In years IF UNDER 24 HRS. last birthday) 3 Manths Office al and 2 event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR A1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) boutres Breakmorn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME melvolas and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI (Yes, na, or unknown) ((If yes give war or dates af service remaval La sul 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEAT 0 IMMEDIATE CAUSE (a) s a buriol-tra crematian, c certificate shauld e, writing the ward farwarded ta the Cl Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse OS used as burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION ho. the certificate. NO X 5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, priar ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry X, ond in my opinion the funeral directar. death resulted fram: Natural causes , Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, tawn, ar county) NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) LOWDON PARK 2Sa. REC'D BY REGISTRAR VR A15ME (5) 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE BALITIMORE MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) give neorest town) 8 DAYS BALTTMORE papers. nin 72 ha d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 130 SCOTT STREET VETERANS ADMINISTRATION HOSPITAL YES 🗌 NO K 3. NAME OF First Middle Lost 4. DATE Month Year Doy and completely DECEASED LISSAU APRIL 15 66 HERMAN RTCHARD event. 19 (Type or print) DEATH 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 7. MARRIED NEVER MARRIED remave last birthday) Months Days Hours 4-25-63 WIDOWED DIVORCED MALE WHITTE 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) en please BALTIMORE, MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME HERMAN H. LISSAU MARIA KURTZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknawn) (If yes give war or dotes af service) CLIN. REC., VET. ADM. HOSP., FT. HOWARD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p UNKNOWNFATH PART I. DEATH WAS CAUSED BY: LAENNEC'S CIRRHOSIS OF THE LIVER IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave (b) rise to immediate couse (o). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the OR ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X the hospital ar far 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Nat While foctory, street, affice bldg., etc.) ot wark ot work 21. I certify that (A) (this haspital) attended the deceased from April 7 saw the deceased alive on April 15, 1966, and that death accurred as 1966, to April 15, 1966thot (X) (we) lost 15, 19 66thot (X) (we) lost with 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 4/15/66 1 director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) -, (State) 23b., DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, BURIAL (Specify) 66 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D.BY REGISTRAR 24. FUNERAL DIRECTOR WITZKE FINERAL HOME VR A15 (4) 20 M 1/66 1101 Edmondson Ave. Pallmore, Md

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04932 death requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore BALTIMORE Maryland MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) Fort Howard 6 Days Essex (21) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 95 Poplar Road Veterans Administration Hospital NO D 3. NAME OF First Middle 4. DATE Last Manth pan Day DECEASED Joseph Robert Lober (Type or print) DEATH n any event IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Manths Haurs 8/30/93 Male White WIDOWED DIVORCED 1 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Unknown U.S.A. during most of working life even if retired)
Hydraulic Elevator Op. please and Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phys John Lober Anna (MN) Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Recordeddress (Yes, na, ar unknawn) (If yes give war ar dates af service) 10 16 87 V.A. Hospital, Ft. Howard, Maryland crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p BRONCHOPNEUMONIA WITH PULMONARY CONGESTION & EDEMAONSER PERSONNE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA LEFT UPPER LOBE WITH burial, MONTHS Canditians, if any, which gave METASTASES TO THE PLEURA rise ta immediate cause (a), **DUE TO** stating the underlying cause prior to O FUNERAL DIRECTOR: After this certificate hos been the 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION use NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Nat While at wark at wark be retained by pe 21. I certify that 1 (this hospital) attended the deceased from_saw the deceased alive on 4/17 19 66, and the 19 66, ta 1/17 19_66 that 1 (we) last shauld 19 66, and that death occurred at 6 1 M from couses and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 4/18/66 una directar, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 4/21/66 BALTIMORE NATIONAL BALTIMORE, MARYLAND 2Sb. REGISTRAR'S SIGNATURE 24. EMNERAL DIRECTO BRUZDZINSKI FUNERAL HOME 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1407 Eastern Ave. Baltimos

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Essex (21) Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 23 Vincent Avenue Vincent Avenue YES NO Y NAME OF Middle 4. DATE Month DECEASED OF (Type or prinTENORA LOWE I.UCAS DEATH 19 April 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 3 may 2 with IF UNDER 24 HRS. last birthday) pue Months Female WIDOWED DIVORCED June 1. 1892 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Shaffer Lowe Lenora Crav 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) No Vincent Lucas Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office ardiviscular gave rise to immediate ceuse DUE TO causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? NO 20e. EXTERNAL CAUSE WAS 2Db. DESCR BE HOW INJURY OCCURED. Enter neture of injury Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | writing CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 7 6 EXAMINER'S Theodore Patterson, M.D. 105 Main Steid Balto 11,22. Md 11 please 4 shoul O FUN Health 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Stevensville Cemetery Stevensville, Maryland 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME 1407 Eastern Ave. #21 5M 1/62

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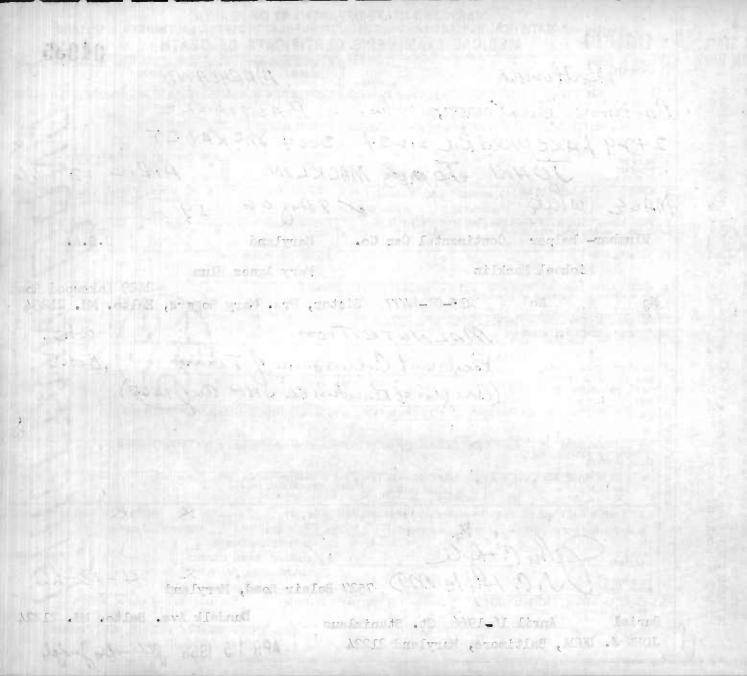
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) AIVA COUNTY MARYLAND BALTIMAL - RUNAL CARNEY c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town) IMURE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ay a 3 to Page ON A FARM? State AKE WOOD RO NO S NAME OF DATE Year DECEASED OF DEATH (Type or print) 2 with DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED Months | Devs Hours WIDOWED DIVORCED A 10e. USUAL OCCUPATION (Give kind of work done during most of working Ufe, even if retired)

Plumber helper Continental Can Co. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Macklim Mary Agnes Blum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Lakewood Road (Yes no, or unkown) (If yes pive war or dates of service) permit. | removal, Sister, Mrs. Mary Rogers, Balto. Md. 21234 INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-transit cremation, or cremation, 1450 Conditions, If any, which gave rise to immediate cause (a), stating tha used as a to burial, undarlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) the certificate, wrumshould be forwarded 3 should tagent, pric MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work Inspection . Inquiry 1 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion FUNERAL DIRECTOR: death resulted from: Natural causes . Accident . Suicide Homicide Undetermined manner Page 4 for your CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** director. Be Landers Round city Married annie NAME (Type) 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 Dundalk Ave. Balto. Md. 21224 Stanislaus Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR JOHN J. DUDA, Baltimore, Maryland 21224 VR AISME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04935CERTIFICATE OF DEATH death icate be executed within 24 haurs after death pup 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY BALTIMORE **MARYLAND** MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 19 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 5606 BIRCHWOOD AVENUE NO X 3. NAME OF 4. DATE Doy carban Year DECEASEO Lincenzo VINCENT APRIL 19 66 MARANTO 6 CEATH DATE OF BIRTH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED K last birthdoy) Months Hours FEBRUARY 20,1894 MATE WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? CIVATO, ITALY

14. MOTHER'S MAIDEN NAME CITY OF BALTIMORE U.S.A LABORER 13. FATHER'S NAME Then VINCENT CIFATU ANNA MARANTO Maranto WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the deat permit. (Yes, no, or unknown) (If yes give war or dates of service) ar 212 18 36 28/ACLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY REE ENTEATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) **OUE TO** CARCINOMA OF PAROTID GLAND WITH METASTASIS TO Conditions, if ony, which gove 5_MONTHS rise to immediate couse (o), REGIONAL LYMPH NODES AND RIGHT LUNG DUE TO stoting the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO TO FUNERAL DIRECTOR: After this certificate Por 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ta 4/6/66 3/18/66 19___, that *() (we) last 21. I certify that \$\(\pm\) (this haspital) attended the deceased fram. 19 be retained saw the deceased alive an 4/6/66 and that death accurred at 12:00 MN ram causes and an the date stated above. 22b. DATE SIGNEO 22a. SIGNATURE MEO. DIRECTOR STAFF PHYS. **ATTENOING** 4/6/66 M.D. 22c. PHYSICIAN'S 22d. ADDRESS director, po should be f MILTON GINSBERG NAME (Type) D. VAH FORT HOWARD, MARYLAND 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 4-11-66 BUR TAT. HOLY REDEEMER BALTIMORE MARYTAND REGISTRAR'S SIGNATURE AODRESS 250-REC'D BY REGISTRAR 24. FUNERAL OIRECTOR 2Sb. VR A15 (4) 20 M 1/66 RUCK FUNERAL HOME 1966 HARFORD RD. BALTIMORE, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE 24 hours after MARYLAND I completely filled in by the ove carbon papers. Pages weent, within 72 hours af b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside/corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V NAME OF Month First Middle Last 4. DATE Day Year DECEASED OF (Type or print) 5 DEATH 19 executed e remove 5. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease and in during most of working life, even if retired) INDUSTRY COUNTRY? physici death certificate attending physi ermit. Then ple on, or removal, a FATHER'S NAME Marinar: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 17. Address (Yes, no, or unkown) (If yes give war or dates of service) been signed by the att the burial-transit permi or to burial, cremation, o CAUSE DF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO widespread metastasis cause (a), stating certificate has be the for use as the ot. of Health prior t underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) this certified fetached for Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) et factory, street, office bldg., etc.) Hour a.m. Not While After Id be d While OR ATTENDING F p.m. at work at work 3 should with the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 19 66, and that death occurred at 1152M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ed ATTENDING PHYS. MED. DIRECTOR M.D. Page 4 may E⊒ O HOSPITAL PHYSICIAN'S 22d. ADDRESS 22c. director, p should be 1 NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Burial Shamokin REC'D BY REGISTRAR 25b. **FUNERAL DIRECTOR ADDRESS** 25a. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) BALTIMORE b. COUNT CARROLL o. COUNTY o. STATE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 91 DAYS FORT HOWARD ROUTE 1 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? illed VETERANS ADMINISTRATION HOSPITAL HAMPSTEAD, MARYLAND NO P YES 3. NAME OF First 4. DATE Month Lost Doy Year DECEASED JOHN R. MARTIN APRIL 66 DEATH (Type or print) 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER NEVER MARRIEDXX 8. DATE OF BIRTH 7. MARRIED remove birthdoy) Hours OCTOBER 17,1889 MALE WHITTE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please U.S.A. during most of working life, even if retired) BALTIMORE CO., MARYLAND LABORER SHEET METAL 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEORGE W. MARTIN MARY A. HAMPSHIRE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 216 14 53 71 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit HOURS DEATH PART I. DEATH WAS CAUSED BY: ACUTE PULMONARY EDEMA IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the ARTERIOSCIEROTIC HEART DISEASE YEARS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CEREBRAL ARTERIOSCIEROSIS. RIGHT VARICOSE LEG ULCER YES [NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work shauld be 21. I certify that (1) (this haspital) attended the deceased fram 1/25/00 4/20/00 saw the deceased alive on 4/26/66 and that death accurred at \$455 AM from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR 4/26/66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NEILON NEILSON, M. D. VAH FORT HOWARD, MARYLAND directar, shauld be 23b. DATE THEREOF -23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) April GREENMOUNT CEMETERY CARROLL CO., MD. Tipton-ELINE FUNERAL HOME 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Hampsteadorerererown, MARYLAND

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alang with farm PM3. Page pencil in Item 18. Give Pages 1, 2, and 3 ta with the State Department af **o FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. File pages Tond 2 with the State Department af Health ar its designated agent, prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death. This certificate should be executed within 24 haurs after death. 2 Pund necessary, please execute the certificate, writing the ward "pending" in pencil in the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File necessary, please execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04938 MEDICAL EXAMINE	R'S CERTIFICATE O	F DEATH	04939
PLACE OF DEATH o. COUNTY Baltimore MARYIA	o STATE	Where deceosed lived, if institution b. COUN	TY
17011112	1		Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town).		itside corparote limits, write RUR	AL ond give neorest town)
write RURAL and give nearest town rural - Ballimore	rural	- Baltimore	03-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
629 Orpington Rd.	629 0	rpington Rd.	YES NO DE
NAME OF First Middle	Last	4. DATE Month	
DECEASED (Type or print) BARBARA DELANO	MASTEN	OF	15 1966
(1)	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR 1 IF UNDER 24 HRS
female caucasian WIDOWED DIVORCED	3-19-19	1/3 last 3 irthdoy) yrs.	Months Doys Hours Min.
o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT
ring most of working life, even if retired) ALOUE T PROBATION ND STATE	DELAWA	RE	COUNTRY? USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN		
JOHN MASTEN	IRIS AL	YTHANY	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	17. INFORMANT	Address Address	S BOX 380
Yes, no, or unknown) (If yes give wor or dotes of service)			100000
110 0000000777	CATHERINE FERN	EXHAUGH WAR	PINGTON VA.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinoma of Si	gmoid colon		ONSET AND DEATH
1533 DUE TO			
Conditions, if ony, which gove) (b)			
rise to immediate couse (a), stating the underlying couse DUE TO			
last. (c)			partial
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE COL	UDITION CIVEN IN DART 1/-1	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE COL	NUTTION GIVEN IN PART 1(0)	PERFORMED?
20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH			YES X NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCL	JRRED. (Enter nature of injury in	Port I or Port II of item 18.)	
CAUSE OF DEATH.			
	De. PLACE OF INJURY (Home, form		(County) (Stote)
Hour o.m. p.m. 19 While Not While of work	foctory, street, office bldg., etc.)		
21. I certify that I took charge of the remains described about	partial	Increstion D Incu	ieu 🗖 — and in mu animia
		Inspection, Inqu	, , , ,
deoth resulted from: Notural causes Acident ,	Suicide, Hamicide	/	onner 🔲
ACTUAL O / 1 /	CHIEF MEDICAL		22. DATE SIGNED
SIGNATURE (hailes I fally	m.D.	ICAL EXAMINER L	
EXAMINER'S NAME (Type)	DEPUTY MEDICA Address (Street	AL EXAMINER , city, town, or county)	4/16/66
BO. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City or Tow	(County) (State)
BO. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE PRIMOVAL (Specify) 44-20-1961 LAKE CLINE	RY OR CREMATORY	23d. LOCATION (City or Tow	damen a name
	RY OR CREMATORY M.E.CEMPTERY 1 250, RECE	DOVER	KENT DEL.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Bal timore Mary land b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore ... rural, or suburban Baltimore (rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS a. IS RESIDENCE ON A FARM? residence (7915 Tilmont Ave.) Tilmont Avenue ... 34 event, within NO YES etely death certificate be executed within carbon NAME OF Middle Last DATE Month Day Year DECEASED 1966 Frederick McNab DEATH April 25 (Type or print) G. Sr 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 8. OATE OF BIRTH 7. MARRIEO NEVER MARRIED male white May 10. 1891. WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Edinburgh, Scotland furniture Manager, retail store usa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal James McNab Harriet Pocock 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) 213-09-8594 Mrs. Lily McNab (Same) cremation, 18. CAUSE DF DEATH [Enter only one cause per line for, (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH al-transit PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE DUE TO Cenditions, If any, which gave rise to immediate **OUE TO** cause (a), stating underlying cause last. 38 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 119. Health PERFORMED? YES NO T PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING [OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) ot OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 1381M, from the causes and on the date stated above saw the deceased alive on 4 DATÉ SIGNED 22a. SIGNATURE 22b. page ATTENOING PHYS. M.O. **OIRECTOR** O HOSPITAL 22c. PHYSICIANS 22d. ADDRESS director, p FUNERAL NAME (Type 8402 Louis J Greenway Road LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Parkwood Cemetery Baltimore. Md. 166. burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc....5305 Harford Rd, Balto, 14 part VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 113411 CERTIFICATE OF DEATH within 24 hours after death deoth. ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 4 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 822 S. Robinson Street YES NO IX 3. NAME OF First Middle 4. DATE Year ond completely DECEASED MILITON MICHALAK A. SAL BELLET 66 DEATH 19 (Type or print) PHYSICIAN: The law requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. remove birthdoy) MALE WHITE SEPT. 26, 1916 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Bethlehem Steel Co. BALTIMORE, MARYLAND U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME the ottending phy isit permit. Then JAMES MICHALAK HIBITERN DATE OF THE MARSZATIKITEWITEZ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service 0 216 03 44 93 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIORESPIRATORY FAILURE IMMEDIATE CAUSE (o) signed by by the haspitol or ottending physicion. DUE TO TUMOR OF SPINAL CORD UNK**NO**WN Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the TO FUNERAL DIRECTOR: After this certificate hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 4/1/66 4/5/66 21. I certify that (4) (this haspital) attended the deceased fram 19 . 19 . that PPY(we) last O HOSPITAL OR ATTEND Poge 4 moy be retoined should 5/66 and that death accurred at 10:45 Mram causes and an the date stated above saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) MILTON GINSBERG VAH FORT HOWARD, MARYLAND M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) BURYAL (Specify) German Hill Rd. Dundalk, Md. April 9-1966 Sacred Heart of Jesus 250, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) JOHN J. DUDA 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) = filled in papers. iin 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 56 LUZEREL 4 NWTH YES NO P withi within completely 3. NAME OF Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 1966 I- 12 executed SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove last birthday) Months I Days Hours and any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Housewile The law requires that the death certificate, 13. FATHER'S NAME 五 MOTHER'S MAIDEN NAME attending phermit. Then remova onson Annie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address sadena, 16. SOCIAL SECURITY NO. been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) YO 216A_ NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. CEBERALAPPOPLEXIA DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of 1 OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) STOR: After the should be derith the State [factory, street, office bldg., etc.) Hour a.m. While Not While retained by p.m. 19 at work at work 1966 19_66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from to. DIRECTOR: age 3 should iled with the and that death occurred at 10 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE pe page ATTENDING DIRECTOR M.D. PHYS. PHYS. 4 may director, pa should be fil O HOSPITAL PHYSICIAN'S 22d. ADDRESS NAME (Type) ON BITCT. Wed. Center BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) oudon Park Burial emeteru 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR Moran, Inc. Baltimore St. 3000 VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COLINTY a. STATE b COUNTY BALTIMORE MARYLAND ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) FORT HOWARD 51 DAYS GLEN BURNTE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 814 CASTLE ROAD VETERANS ADMINISTRATION HOSPITAL NO [3. NAME OF First Middle Lost 4 DATE Month Year Doy DECEASED ROGER APRIL R. 19 66 (Type or print) MTLLER DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH lost birthday) Manths Days Hours 2/27/15 MALE WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. during mast of working life, even if retired) INDUSTRY FAIRFAX COUNTY. VIRGINI TRUCK DRIVER TRACTOR TRATLOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physical phy IRA B. MILLER MAMIE SHIFLETT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service) 578 12 07 90 CLIN. RECORDS. VA HOSPITAL. FT HOWARD. MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: INFARCTION OF MYOCARDIUM IMMEDIATE CAUSE (o). signed by DUE TO Canditions, if ony, which gove ARTERIOSCIEROTIC CORONARY THROMBOSIS UNKNOWN rise to immediate cause (a). DUE TO stoting the underlying cause be retoined by the hospital or attending os the TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use YES K NO INFARCTION OF LUNG. MULTIPLE DUE TO EMBOLISUM 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. foctory, street, office bidg., etc.) Not While ot wark 21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on 4/29/66 19 , and the 3/9/00 ta 4/29/66 , 19 , that (\$k (we) lost . 19 19 and that death occurred of 5:45 MM from couses and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURA ATTENDING STAFF PHYS. 4/29/66 M.D. DIRECTOR PHYS director, page should be filed 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS JOHN D. TALBERT, M. D. VAH. FORT HOWARD, MARYTAND 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURIAL May 3, 1966 ARLINGTON NATIONAL ARLINGTON 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 George J. Gonce Funer ANome3 Ritchie Highway, Baltimore,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04944 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death deoth. puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 Fort Howard Baltimore 6 Days 30d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2408 Sebury Road Veterans Adminstration Hospital 27 NO X carbon 3 NAME OF Middle 4 DATE First Month Day Year DECEASED David Montgomery 23 66 John 19 DEATH (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ove birthday) Months Dovs Hours Male Negro 5/4/23 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintance Work Acadmey Ford Co. U.S.A. Manning, South Carolina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME en Rachial Scott Large Montgomery 17. INFORMANT Clinical Records Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes give war or dotes of service) 0 248 26 49 80 V.A. Hospital, Fort Howard, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-tronsit p UNKNOWN DEATH PART I. DEATH WAS CAUSED BY: UREMILA IMMEDIATE CAUSE (o) DUE TO burial, POLYCYSTIC DISEASE OF THE KIDNEY UNKNOWN Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse by the hospitol or attending as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION for use NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While of work ot work 19 60 that A) (we) last 19 66, to 4/23 21. I certify that M (this hospital) attended the deceased fram 4/17 FO HOSPITAL OR ATTEND Poge 4 moy be retained should 19 66, and that death accurred at 5:35M, fram causes and on the date stated above. sow the deceosed olive on. 22b. DATE SIGNED 22a. SIGNATURE tomado ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S VAH. Ft. Howardd Maryland NAME (Type) CONRADO L. MANCAO. M. D. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BURLAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND Elliott Hupmeral Home 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1129 N. Caroline St. 1966 Baltimore, Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH (Where deceased lived, If Institution: Residence before admission) a. COUNTY Rylando. COUNTY ALTIMORE MARYLAND the funeral 5 may be Department after death b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside, carperete limits, write RURAL and give nearest town) Lingsorte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8. IS RESIDENCE ON A FARM? d. STREET ADDRESS State amun Burs YES NO 2, and PM3. NAME OF DATE Month Day Year DECEASED 13ell Mooretie 1die DEATH 16 (Type or print) 19 = SEX Give Pages 1, Ig with form 6. COLDR. OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED [last birthday) | Months NE WIDOWED DIVORCED l and event 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Daltimore, Co. Maryland -Housewife Housewife pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samilel Stroh Unknown Hare 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or dates of service) permit. removal, This certificate should be executed within No 220-12-58/1/1 Mr Curtis Moorefield Chapman Road INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] CONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremation, or "pending" | Medical Ex cremation, DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), steting the the word the Chief 60 used as a to burial, underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION PERFORMED? YES NO DO certificate, writing to should be 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 3 shoul agent, MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While the certifical should be CTOR: Page designated et work at work Inquiry , and in my ppinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X director. Page 4 should retained for your files. death resulted from: A Natural causes 2. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED 0 DEPUTY MEDICAL EXAMINER & Health **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. OATE THEREOF 9 Cemetery Biria Fork Meth. Fork Marylamd FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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	VIV.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
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in by s. Page		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
t hours ed in by hers. Pares. Pares. Pours		d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
fille fille		GREATER BALT medical cule 144 Hickory AVE YES NO NO
		3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) HARRY ERASTUS MORRIS DEATH /L 8 1964
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PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed betached for use as the burial-trandet of the Haalth prior to builai.		PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OND ITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS AUTOPSY PERFORMED? YES
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DR ATTENDING be retained by INECTOR: Acte ge 3 should be		21. I certify that (I) (this hospital) attended the deceased from 1966 , to 1966 , that (I) (we) las
ATTE retail		saw the deceased alive on 4/8 1966, and that death occurred at 8/0/M, from the causes and on the date stated above
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AL DR hay be IL DIR page		22c. PHYSICIAN'S NAME (Type) ARAU (CLOAD 22d. ADDRESS NAME (Type)
TO HOSPITAL DR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: addrector, page 3 should he filed with the		The state of the sale. Med. Cluter.
Pag dire	010	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) April 12, 1966 Prospect Hill Cemetery Townson, Manual and
- p	0	REMOVAL (Specify April 12, 1966) Prospect Hill Cemetery Towson, Maryland 24. FUNERAL DIRECTOR 25. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04947 executed within 24 haurs after death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE BALTTMORE MARYTAND MARYI AND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FORT HOWARD DAYS BALTITMORE bun papers. within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1930 WEST BALTIMORE STREAM YES \ NO D VETERANS ADMINISTRATION HOSPITAL 3. NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED DANTEL WEBSTER MORSELL 74 66 APRIL 19 (Type or print) DEATH AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH JF UNDER 1 YEAR NEVER MARRIED lost birthdoy) Months Doys Hours MALE NEGRO DIVORCED WIDOWFD 12 96 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) requires that the death certificate be (sician o during most of working life, even if retired) COUNTRY? INDUSTRY BALTIMORE, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENJAMIN MORSELL MARY MC GOWAN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) ermi CLIN. REC., VET. ADM. HOSP. Hall. HOWARD. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: ASPIRATION PNEUMONITIS IMMEDIATE CAUSE (o) signed by DUF TO burial. GASTROINTESTINAL HEMORRHAGE Conditions, if ony, which gove RECENT rise to immediate couse (a). DUF TO stoting the underlying couse has been the GASTRITIS SECONDARY TO SUB ACUTE PYELOTEPHRITIS UREMIC PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES K NO TO FUNERAL DIRECTOR: After this certificate d 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Not While While ot work 18 66, to April 14. 19 66 that (1) (we) last 21. I certify that M (this haspital) attended the deceased fram April 9 bo retained saw the deceased alive an April 14, 19 66, and that death accurred a D. M. fram causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MILTON GINSBERG! VAH FORT HOWARD, MARYLAND directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 4/20/66 BALTIMORE NATIONAL BALTIMORE ORE MARYTAND
25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR CHARLES VR A15 (4) MD.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission a COUNTY b. COUNTY Baltimore MARYLAND Marvl and Baltimore b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Owings Mills Owings Mills years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, d. STREET ADDRESS ON A FARM? 224 Gwynnbrook Avenue Gwynnbrook Ave YES NO W 3. NAME OF Middle DATE Year DECEASED OF (Type or print) Charles DEATH 22 Roy 19 66 Moser April and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Hours Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) School Frederick Co., Md. Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles David Moser Belle Isabelle Eby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 224 Gwynnbrook Ave. (Yes, no. or unkown) | (Ifyes give war or dates of service) Mrs. Dorothy Dunn Owings Mills Md No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO M 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work | et work p.m. 21. | certify that (I) (this hospital) attended the deceased from the state of the 2.2. 1980, that (I) (we) last saw the deceased alive on. 22a SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) April 25, 1966 Loudon Park Cem. Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR | 25b. VR A15 (4) Owings Mills, Md. 15M 7-62

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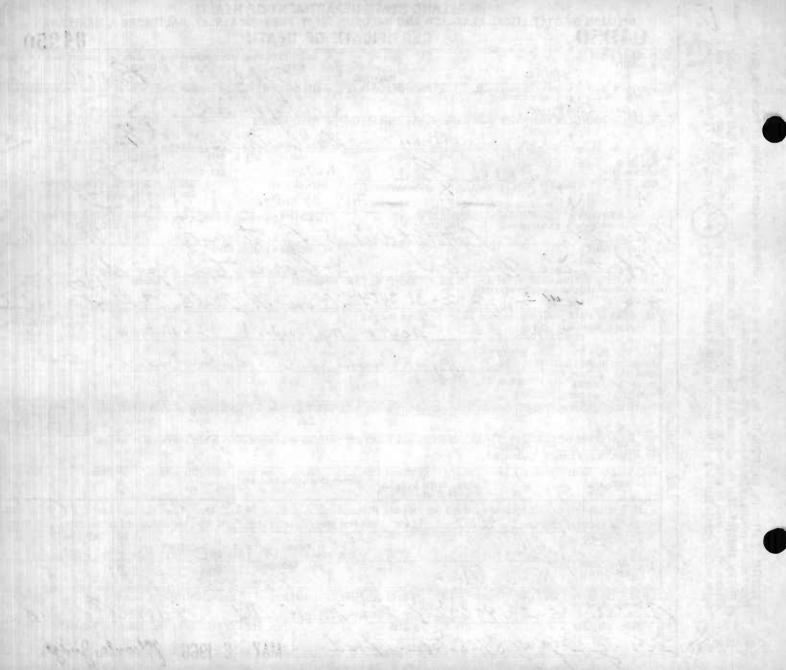
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Baltimore timore 24 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore #12 owson carbon papers. ent, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 6689 Loch Hi timore Medica Ireater enter YES ND letely executed within 3. NAME OF Middle Last DATE Month Day Year DECEASED event, Katherine 1966. DEATH (Type or print) Mugge 5. SEX 6. CDLOR OR RACE DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS emove 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours Temale WIDDWED | DIVORCED 000 10a, USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) = COUNTRY? during most of working life, even if retired) INDUSTRY Tousewite Home certificate MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. Address 17. INFORMANT the attent t permit. 0 death (Yes, no, or unkown) (If yes give war or dates of service) n signed by the att burial-transit perm burial, cremation,)ame 'au Vone 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO buri Cenditions, if any, which (b) been gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last has (C) WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate CERTIFICAT YES NO P 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part | or Part | if of item 18.) PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING of DR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After d be d While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from shoul DIRECTOR: M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at SIGNATURE DATE 22a. ATTENDING STAFF M.D. PHYS. DIRECTOR may TO FUNERAL 22d. ADDRESS PHYSICIAN'S director, should be NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. DATE THEREDE 23c. REMOVAL (Specify) Neadowridge Mem. em. Burla 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR Inc. Balto. Md. VR A15 (4) 2DM 1/65

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1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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PHYSICIAN: The the hospital or a rulis certificate detached for use te Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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ATTENDING STEAMORY AND STEAMORY AS Should with the Steamory And Steamo	saw the deceased alive on 4/27 19 60, and that death occurred at 4 M, from the causes and on the date stated above.
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TO HOSPITAL C Page 4 may I TO FUNERAL D director, pag should be file	22c. PHYSICIAN'S NAME (Type) M. J. Ellin 22d. ADDRESS 8629 Liberty Rd-Rdat.
Page Page TO FU direct shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 5-2-1966 Table Them Memorial Ref. (Sarrollo, W.L.)
2	24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	Loung fisher 8/18 Liberty food. 10 1966 golovier Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Baltimore a. COUNTY Baltimore o. STATE Maryland delay is and 3 ta Page of o death. MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 2, and PM3. and after 5 Years Dundalk e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS haurs 8. Give Pages 1, 7800 Kavanaugh Road 7800 Kavanaugh Road e State 72 haur YES T NO TE after death. 3. NAME OF Middle 4. DATE First Last Month Day Year DECEASED AMELIA. the MYERS April 21-66 within 19 (Type ar print) DEATH with S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 6 ast birthday) Manths Haurs Female White May 2- 1901 24 haurs WIDOWED 3 DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Building U-S-A-Maryland any ower pages should be farwarded to the Chief Medical Examiner within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = Joseph Stokes Mary. E. Stokes (nee Crisp) E. and 17. INFORMANT Address 5537 Lanham Way, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. be executed (Yes, no, ar unknown) (If yes give war or dates af service) removal, Son. Mr. Melvin C. Myers. 214-30-3392 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Б IMMEDIATE CAUSE (a) certificate shauld writing the ward crematian, DUE TO Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause D OS burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? This NO TO the certificate, priar ta pe 20b. DESCRIBE HOW NURY OCCURRED VEnter nature of injury in Part I ar Part II of item 1B.) 2Dg. EXTERNAL CAUSE WAS 3 shauld PRIMARY I or CONTRIBUTING I STAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page please execute at work at wark the funeral director. Page designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection to Inquiry 330 lar ond in my opinion Noturol couses deoth resulted from: Accident Suicide Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL April 23-12966E SIGNED ar its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER AND COUNTY MEDICAL EXAMINER AND COUNTY OF THE COUNTY OF COUNTY **EXAMINER'S** Melvin B. Davis. M.D. 6800 Health NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 BIREMOVA (Specify) April 25-1966 Baltimore, Maryland 21224 -Oak Lawn ADDRESS 24. FUNERAL DIRECTOR 250 REC D BY REDISTRAR 2Sb. JOHN J. DUDA, Dundalk, Maryland 21222 VR A15ME (5)

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AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with Page director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY be filed b. COUNTY MARYLAND ALTIMORE death. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn BALTIMORE P Box65 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS STREET 2 4. DATE 3. NAME OF First Middle Manth filled DECEASED _ APRIL NONE NEWTON DEATH (Type ar print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Manths SEPTEMBER 29 WIDOWED 1 DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 00 during most af warking life, even if retired) MARYLAND Houseld IFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 BARNES MARTHA OMAS. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Route 1 Box GT CARL G ANDERSON NO 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) eaut. **DUE TO** General belacterischerotic Heest Disease Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur o. m While Not while at wark at work p. m 21. I certify that (1) (this haspital) attended the deceased fram_1 . 1966 , and that death accurred at 2 2 MM, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) O FUNERAL page 3 sh the State DATE THEREOF 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) 66. 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 15M 9/59

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TY

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after Baltimore County by the MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papers. Pag within 72 hours Wilson Mount = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? MON Mount Wilson State Hospital YES executed within completely carbon NAME OF First Middle Last 4. DATE Month DECEASED HARLOTTE 1/1= (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days 5. SEX 6. COLOR OR RACE OATE OF BIBTH 7. MARRIED NEVER MARRIED emove any WIOOWEO DIVORCED YES. .= 10a. USUAL OCCUPATION (Give kind of work done) 10b/ KIND OF BUSINESS OR 11. BLRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease and ir COUNTRY? during most of working life, even if retired) INDUSTRY physica OME OUIS WORK INNESOTA 급 FATHER'S NAME 14. MOTHER'S MAIDEN NAME death certifical removal = attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. 0 (Yes, no, or unkown) (If yes give war or dates of service) Hosp.records, Mt. Wilson State Hospital cremation, the INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I-transit ONSET AND OFATH signed by PART I. OEATH WAS CAUSED BY: Page 4 may be retained by the hospital or attending physician. RTERIO SCLIEROTI uchtas IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the 0 underlying cause last. certificate has as ERTIFICATION WAS AUTOPSY PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED YES NECLMONIA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) hed f Dept. O FUNERAL DIRECTOR: After this irector, page 3 should be detached by filed with the State Depi MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from that (!) (we) last and that death occurred at 145M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED SIGNATURE 222. ATTENDING PHYS. STAFF M.O. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Newcomer Maryland Mount M.D., Superintendent Wilson, BURIAL, CREMATION, NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) 23b. **OATE THEREOF** 23c. REMOVAL (Specify) 2 REGISTRAR'S GIGNATURE FUNERAL DIRECTO ADORESS 25a-REC'O BY REGISTRAR 25b. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CQUNTY b. COUNTY MARYLAND TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b AL and give neasest town) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME Middle Last DATE Month DECEASED OF NICHOLES (Type or print) DEATH 1966 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DECEASED EVER IN U.S. ARMED Address (Yes, no, for unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO of metastatic carcinoma Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) Month, Dey, Yeer (County) factory, street, ollice bldg., etc.) While Not While Hour a.m. at work at work D.m. (this hospital) attended the deceased from....., saw the deceased alive on.... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filled 23a, BURIAL, CREMATION, 23b. DATE CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 15M 7/61

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TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained in hospital or attending physician.	TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	13.	FATHER'S NAME
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		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address
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		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
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		21. I certify that (1) (this haspital) attended the deceased fram JULY 11 1966, ta April 7 , 1966, that (1) (we) last
		saw the deceased alive an Apal 966, and that death occurred at 2 A.M. fram the causes and an the date stated abave. 226. DATE
		ATTENDING MED STAFF SIGNED
		22c PHYSICIAN'S DIRECTOR PHYS. DIREC
		NAME (Type) NEWLAND E. DAY MD 4-8-33 DIT BACK 1890
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	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS, A. R. 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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	Mary Committee	

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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
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pe e	re Se ja	10á. USUAL OCCUPATION (Give kind of work done during most of working life, even if, retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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feath	e atte	(Yes, no, or unkown) (If yes give war or dates of service) 220-48-0689 SOM - MORRIS NORRIS 5412 Depolite MORRIS
the	prystcian. n signed by the attending ph burial-transit permit. Then burial, cremation, or remova	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)
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quire	been s the bull or to bull	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE TO Security of Reviewships DUE TO
aw re	has be as the prior	underlying cause last. (c)
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ICIAN:	certificate the for use the for use the for use of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
OR ATTENDING PHYSICIAN: The law requires that the	l by the hospital of attends (Net this certificate has by the detached for use as it State Dept, of Health prior	Zoc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work a
NION	t: After bild be completed by the State	21. I certify that (I) (this hospital) attended the deceased from One 14 , 1951, to april 16 , 1956, that (I) (we) last
ATTE	y be retained DIRECTOR: At age 3 should lied with the S	saw the deceased alive on 19 66, and that death occurred at 36 PM, from the causes and on the date stated above.
		M.D. ATTENDING MED. STAFF 14/16/66
TO HOSPITAL	Fage 4 may be TO FUNERAL DIRI director, page 3 should be filed y	22c. PHYSICIAN'S NAME (Type) EDWIN L. PIERPONT, MO 8204 LIBERTY RA-BALTO, MAN 21207
E OL	Shor dire	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 5/1/66 ST. Inomas CEMETERY RANDALLSTOWN //
	nP	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R A15 (4) 5M 4-64	HEEBERT E. NUITER-3035 W. NORTH AVE DATE MAY 4 1966 generales Judge

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canted within 24 hours after death campletely filled in by the funeral rave arban papers. Pages 1 and x eyen, within 72 hours after death	110	CITY OR TOWN (If out write RURAL and give FORT H	negrest town)		c. LENGTH OF STAY II	l lb	c. CITY OR TOWN (If		ndalk,	and give neare	03.1
n 24 h	d	NAME OF HOSPITAL OF Vetera			ive street address) .on Hospita	ı	d. STREET ADDRESS 12 Seab	right Ave	•		e. IS RESIDENCE ON A FARM? YES NO X
d within	D	AME OF ECEASED Ype ar print)	BERNAR	irst D	Middle B		last ORTON	4. DATE OF DEATH AD		Day 8	19 66
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ertifica physic hen ple naval, c	13.	William	Norton				14. MOTHER'S MAIDEN				
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equires that the death certificate be ex physician. signed by the attending physician and burial-transit permit. Then please rent burial, crematian, ar remaval, and in an		1B. CAUSE OF DEATH PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE	(a) BR	(o), (b), and (c).) ONCHOPNEUM	ONIA				01	ERVAL BETWEEN ISET AND DEATH Cent
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OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifice is 3 shauld be detached for ed with the State Dept. of He	MEDICAL	20c. TIME OF INJURY / Hour o.m. p.m.	Manth, Doy, Year 19	20d. IN While at wark	JURY OCCURRED Nat While at wark	20e. PLAC focto	E OF INJURY (Home, fa ry, street, affice bldg., et	rm, 20f. (City ic.)	or town)	(County)	(State)
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OR AT OR ECTO OIRECTO E 3 shued with		-220 SIGNATURE	to V	Mico	new	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	NED
SPITAL 4 may IERAL I ar, pag d be fil			Conrado					ital, For			
TO HOSPITAL of Page 4 may be to FUNERAL D director, page should be file		BURIAL, CREMATION, REMOVAL (Specify)	Apr-12		23c. NAME OF CEME Baltimore		ional	Balti	(City or Town	aryland	
VR A15 (4)		FUNERAL DIRECTOR OHN J. DUD	A, Dunda	lk, Mar	ADDRESS yland 2122	2		C'D BY REGISTRAR		strar's signatu	ise.

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death	4958 Baltimore CERTIFI	E DEPARTMENT OF HEALTH CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CATE OF DEATH ()4958
	1. PLACE OF DEATH a. COUNTY Baltimore MARY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Maryland b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville c. LENGTH OF STA' 2yr7mthl86	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a SPRING GRO VE STATE HOSPITAL	ON A FARM?
	3. NAME DF First Middle	Last i 4. DATE Month Oay Year
l	OECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIE	Norutis OF DEATH April 5 19 66
	female white WIOOWEO TO DIVORCE	Sept. 4, 1901 64 birthday) Months Oays Hours Mir
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Lithuania Lithuania
	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
	Carl Matukaitis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	unkn own . 17. INFORMANT Address
	(Yes, no, or unkown) (If yes give war or dates of service) 2120107590	Records: SPRING GROVE STATE HOSPITAL
	PART I. OF DEATH (Enter only one cause per line for (1), (b), and (c) PART I. OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)).1 INTERVAL BETWEET ONSET AND GEATH
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	Conditions, If any, which gave rise to Immediate cause (a), stating the	De Parlie de la
	underlying cause last. (c) NOTOUCK (VVI)	OTTO CARCIO WAS EVIAR OUS EASE OUTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPS'
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT I DENIE RALIZE 208. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJU OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURREO. (Enter nature of Injury In Part I or Part II of Item 18.)
		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that (PK(this hospital) attended the deceased f	rom Aug. 16 1963, to April 5, 1966, that the (we) la
	saw the deceased alive on April 5 19 66, a 22a. SIGNATURE	nd that death occurred at 05 M, from the causes and on the date stated above 122b. OATE SIGNEO 12-6-66
	22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D.	22d. ADORESS SPRING GROVE STATE HOSPITAL
		METERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Buria 1 4/9/66 Holy Rede	emer Cemetery Baltimore Maryland
	Leonard J. Ruck Inc. 5305 Harford Rd	#14 OAAPR 6 1966 yellanles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death, deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY "Mary land Baltimore ltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b e carbon papers. Pagevent, within 72 hours Baltimore (rural) Overlea = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AODRESS e. IS RESIDENCE ON A FARM? residence, 412 Meadow Road 112 Meadow Road NO K YES etely NAME OF Last DATE Month Day DECEASED John Patrick O'Brien April 19 66 30 (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. | Last birthday) | Months | Oays | Hours | Min. 7. MARRIED TO NEVER MARRIEO male white March 11, 1901 WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Treland Balto. policeman: retired USA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova O'Brien Michael Mary Ellis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 0 death (Yes, no, on unkown) (If yes give war or dates of service) Same transit perm cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: Imas IMMEDIATE CAUSE (a) Jing been s he buria, burial, DUE TO Cenditions, If any, which (b) rise to immediate **OUE TO** cause (a), stating the underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES NO F the hospital 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) to OR CONTRIBUTING TI CAUSE OF DEATH hed (IF EITHER, NOTIFY MEDICAL EXAMINER) ICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work at work retained DIRECTOR: A age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from 19 65 Apr 17 30, 19 46, that (1) (we) last saw the deceased alive on A Fru 19 66 and that death occurred at A. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SICNED page ATTENDING 4-30-61 M.O. PHYS. OIRECTOR PHYS. Page 4 may FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS director, should be NAME (Type) R. Donald Jandorf Harford Road, Baltimore, Md. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City, town or county) (State) REMOVAL_(Specify) 0 New Cathedral Baltimore, Maryland REC'D BY REGISTRAR | 25b. RECISTRAR'S SIGNATURE FUNERAL DIRECTOR Leonard J. Ruck, Inc .-- 5305 Harford 1966 VR A15 (4) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04960 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERI PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY o. STATE Page of death. MARYLAND b. CITY OR TOWN (If autside carporote limits, c. LENGTH OF STAY IN 16 outside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN 200 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours Office alang with form 3. NAME OF 4. DATE Dov Year DECEASED 28 19 66 DEATH (Type or print) DATE OF BIRTH AGE (In years 1 YFAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Haurs DIVORCED ever 10b, KIND OF BUSINESS OR 1Do. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) **NDUSTRY** COUNTRY? pages I Psychiatric. Examiner's 13. FATHER'S NAME MOTHER'S MAIDEN NAME executed within pup 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) ((If yes give war ar dates of service) remaval. 220 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH or IMMEDIATE CAUSE (a) shauld ward crematian, DUE TO Canditions, if ony, which gave rise to immediate cause (a), DUF TO certificate stoting the underlying couse burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 2 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II of item 18.) agent, prior PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) 2Dc. TIME OF INJURY Month, Day, Year (State) factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remoins described obove, held an Autapsy Inspection X Inquiry X and in my opinion deoth resulted from: Noturol couses Accident Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE or DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) DATE THEREOF 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 0 BY REGISTRAR VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 7 5 9K 3 C 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH Bultumas a. COUNTY MARYLAND offe ease Temave carban papers. Pages and in any event, within 72 haurs aft c. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest fown) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 and give nearest tawn nentwood executed within 24 haurs IS RESIDENCE ON A FARM? d. STREET ADDRESS 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled 3505 NO X DATE NAME OF Middle First Painter completely OF DECEASED DEATH (Type or print) IF LINDER 1 YEAR 1F UNDER 24 HRS DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** nirthdoy) Manths Hours Dovs 3-13-1881 WIDOWED X DIVORCED IDo. USUAL OCCUPATION (Give kind af work done during mast of corking life, even if retire) 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) certificate be 45 COUNTRY? INDUSTRY attending physician ermit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Unknown Augustus Truesdale WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT rove State Hospital 16. SOCIAL SECURITY NO. requires that the death permit. (Yes, no, or unknown) (If yes give wor or dotes af service) mone No crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial, Canditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause been s prior to lost. as WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has CERTIFICATION YES (NO certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, form, (State) (City or town) (Caunty) this 20c. TIME OF INJURY Month, Day, Yeor 2Dd. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) While Not While ot work at work **FUNERAL DIRECTOR: After** 21. I certify that (I) (this haspital) attended the decoased fram Huco directar, page 3 shauld should be filed with the 19 66, and that death accurred at 2 36 M, fram causes and an the date stated abave. saw the deceased alive an Africe 22a. SIGNATURE **ATTENDING** STAFF PHYS. M.D. 22d. RONALD M. SMEETS ADDRESS 22c. PHYSICIAN'S NAME (Type) 236. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION BREMOVAL (Specify) 4/11/66 Rockville Rockville, Md. 0 2So. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wheeler-1331 Rockville Pike 1956

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

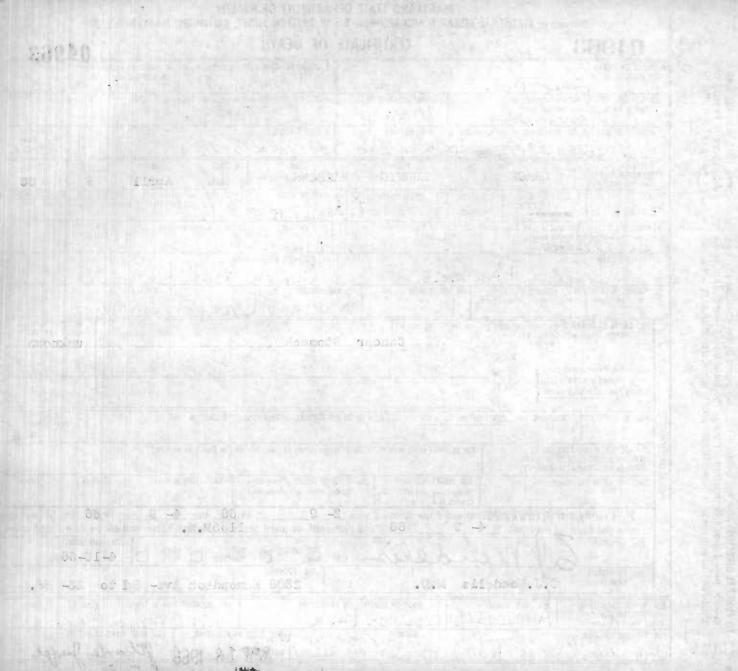
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Fort Howard c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DE STAY IN 1b Catonsville 11 Days d. STREET ADDRESS d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 1908 Altavue Road YES ND X 3. NAME OF Middle 4. DATE First Last Month Day Year DECEASED (Type or print) OF DEATH NMI James Paris 16 66 19 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED 7 (ost birthdoy) Months Doys Hours White 11/22/89 Male WIDDWED DIVDRCED 10a, USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT during most of working life, even if retired)

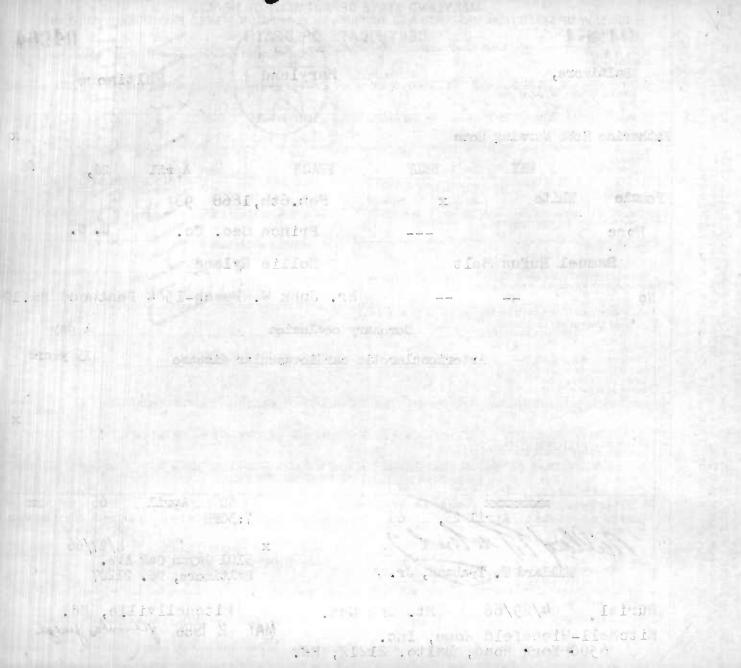
Messenger COUNTRY? U.S. Government pup Chrasso Switzerland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, Unknown Dominic Paris Clinical Address Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor ar dates af service) 213 54 11 44 V.A. Hospital, Fort Howard, Maryland cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p HOURS DEATH PART I. DEATH WAS CAUSED BY PULMONARY EDEMA IMMEDIATE CAUSE (o) physician DUE TO Canditians, if any, which gave PNEUMONIA, RIGHT LOWER LOBE DAYS rise to immediate cause (o). DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING FIRESTANCE CONTINUED TO Poge 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the **EMPHYSEMA** UNKNOWN 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MYOCARDIAL INFARCTION YES 1 NO 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20e. PLACE DF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY DCCURRED (County) (Stote) foctory, street, affice bldg., etc.) Nat While 21. I certify that 1) (this haspital) attended the deceased fram 4/5 saw the deceased glive an 4/16 19 60 and that deat 19 66 to 4/16 19 66 that (I) (we) last 66 and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE Scale MED. DIRECTOR 4 17 66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S VAH, Fort Howard, Maryland NAME (Type) ADOLFO SCATENA. 23b. DATE THEREDF 23c, NAME OF CEMETERY DR CREMATDRY 23d. LDCATIDN (City or Tawn) 23a. BURIAL, CREMATION, (County) (State) Burla (Specify) 4/20/66 Lorrain Park, Woodlawn Baltimore Maryland Y REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Minne 1966 F.C. Higinbothom, Funeral Home, Ellicott City.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04963by the funeral ... Pages 1 and 2 ... Pours after death, The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY h COUNTY MARYLAND ALTI MORE b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give neorest town) OYEARS OUSON OUSON e. IS RESIDENCE ON A FARM? filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ACUSTVALE YES NO K 3. NAME OF First Middle 4. DATE Month Lost Year DECEASED GRACE LUDWIG PARSONS April 9 19 66 (Type or print) DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED X last birthdoy) Months Hours Doys FEMALE and in any DIVORCED WIDOWED and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY LIOT EMPLOYED RYLAND 13. FATHER'S NAME MOTHER'S MAIDEN NAME a cremation, ar remaval, OSFP RSONS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service YNCH ICHARD INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) fransit PART I. DEATH WAS CAUSED BY Cancer Stomach IMMEDIATE CAUSE (o) unlenozm signed by attending physician. DUE TO burial-t burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🗍 NO IL PHYSICIAN: for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (thu hashing 19 66 to 4- 9 attended the deceased from 2- 9 , 19 66, that (I) (we) lost be retained 1966 , and that deoth occurred of 1155 Mam causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE ATTENDING 4-13-66 DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) C.J.Mendelis M.D. 2308 Edmondson Ave- Bal to 23- Md. Mb. DATE THEREOF 23c. NAME OF CEMETERY/OR CREMATORY 23d. LQCATION (City or Town) (County) (State) 23o. BURIAL CREMATION. REMOVAL (Specify) OUDGN 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore, Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Baltimore = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ve carbon papers, event, within 72 h d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Katherine Robb Nursing Home 1564 Pentwood YES NO within letely 3. NAME OF Day Middle DATE Month DECEASED 19 66 MAY BELT PEACH (Type or print) DEATH April 26 executed and cor 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Days Female White Feb.6th.1868 WIDOWED TO DIVORCED lease and 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Prince Geo. Co. Vone certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rufus Belt Damuel Mollie Ryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) Mr. John W. Peach-1564 Pentwood Rd. 12 been signed of the stransit property to burial, cremati INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion day 15 years (h) Arteriosclerotic cardiovascular disease Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last, as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO A PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. Not While p.m. at work at work 21. I certify that (IPCIDE DESCRIPTION attended the deceased from DIRECTOR: age 3 should lied with the 19.66 and that death occurred at 7:30 Phrom the causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED page DIRECTOR HOSPITAL 5101 Gwynn Oak Ave. FUNERAL PHYSICIAN'S director, p Trabane llard T. Baltimore, Md. 21207 LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial Oak 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home. Inc. VR A15 (4) DATE 6500 York Road, Balto, 21212, 20M 1/65



FOR STATE HEALTH DEPT.

the State Department of in 72 haurs after death.

PM3. Page

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land with the Health ar its designated agent, prior ta burial, cremation, ar removal, and in any event within

5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as

VR A15ME (5)

a burial-transit permit. File

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET RAITIMORE MARYLAND 21202

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	PITAL OR INSTITUTION (If n	at in bossital	1½ hrs	3 .	Baltimo	re ZIZ	07	0	2 - /	DENICE
	Co. General				3400 Ab	bie Pl	ace		e. IS RESI ON A F	
3. NAME OF		irst	Middle		Lost	4. DATE	Mor	nth :		NO [
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S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED)· 🔲	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 Y		
Male	White	WIDOWED	DIVORCED		Dec. 2, 189	5	70 birthdoy)	Months D	Doys, Hours	Min.
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3. FATHER'S NAM. Unkn					14. MOTHER'S MAIDEN Amelia ?					
		T M								
1B. CAUSE OF PART I. I.) DUE	use per line for	(o), (b), ond (c).)	Mı	INFORMANT IS. Pauline ion w/ Ventr			O Abbie		TWEEN
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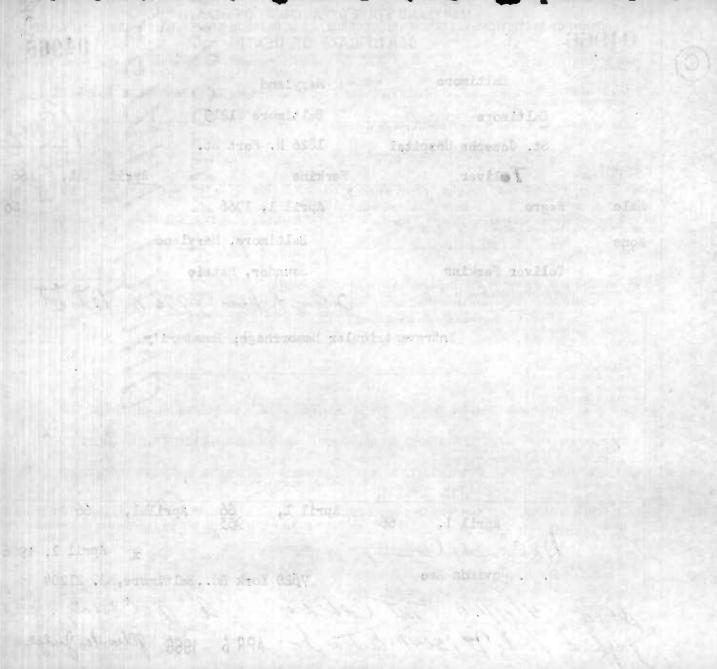
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100	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ΔΡΥΙ ΔΝΠ
# 10 10 EX	04966 CERTIFICATE OF DEATH	14968
funeral	1. PLACE DF DEATH a. COUNTY Baltimore MARYIAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE b. COUNTY Maryiand	sidence before admission
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9, 3, 5	Baltimore 21213	30.4
filled apers	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCI
8 Strings	St. Josephs Hospital 1826 N. Port St.	YES NO
completely filled ve carbon papers event, within 72 l	DECEASED (Type or print) Teliver Perkins DEATH April	Day Year 1966
and compression of any even	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 Male Negro WIDOWED DIVORCED April 1 1. 1966	Days Hours Min.
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icate phy n pl val,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
certifica ding ph Then remova	Toliver Perkins Saunder, Mattie	
requires that the death certificate ding physician. Per signed by the attending phys the burial transit permit. Then ple or to burial, cremation, or removal, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Solvery Parking 1826 n. For	1 17
he d the d sit p matin	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
ilres that the physician. n signed by 1 burial-transit burial, crema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intraventricular hemorrhage; Immaturity	
hysic hysic sign rrial	Conditions, If any, which \	
required ding postering postering postering the postering for to but to but to but the postering	gave rise to immediate (U)	
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PHYSICIAN: The law requires that the hospital or attending physician this certificate has been signed detached for use as the burial-trant bebt, of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE DF DEATH OR CONTRIBUTION CAUSE DF D	19. WAS AUTDPSY PERFORMED?
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Contributing Cause of Death (If Either, Notify Medical Examiner)	
	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Coun factory, street, office bldg., etc.)	nty) (State)
OR ATTENDING be retained by INECTOR: After je 3 should be sed with the Stat	21. I certify that (I) (this hospital) attended the deceased from April 1. , 1966, to April 1. , 196	6, that (I) (we) las
TTE etair TOR Shou ith ti	saw the deceased alive on April 1, 1966, and that death occurred at 255, M, from the causes and on the	e date stated above
AL OR ATTEND nay be retained in DIRECTOR. A page 3 should filed with the	M.D. ATTENDING MED. STAFF Apr	il 1, 1966
PITA 4 mg ERAL or, p	PHYSICIAN'S NAME (Type) D. R. Govinda Rao 22d. ADDRESS 7620 York Rd., Baltimore, Md.	21204
TO HOS Page ' To FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23e. NAME OF CEMETERY OR CREMATORY 23d. LOCATION, (City, 19W), or cour REMOVAL (Specify) 4/4/66 MJ, CALVACY	ity (State)
VR A15 (4)	FUNERAL DIRECTOR JOHN JOHN CENTER OF DAMP R 5 1966 Charles	SIGNATURE
20M 1/65	16-178935	0 0



2	1()	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	E 202	/	04967 CERTIFICATE OF DEATH 04967
	after death. the funeral ges 1 and 2 after seath.	5	1. PLACE OF DEATH a. COUNTY Baltingre Cs. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admyssion) b. COUNTY Harford
	S de S		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 38 HRS. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
•	24 hour filled in papers. F in 72 hou	5/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? ON A FARM?
	executed within 24 h and completely filled remove carbon papers	16	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED 0.00
	omple cal		(Type or print) BABY BOY PETERS OF DEATH 4 12 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS.) OF DEATH OF DEATH OF DEAT
	econ de la constante de la con	1	MALE WHITE WIDOWED DIVORCED 4-11-66 last birthday) Months Days Hours Min.
	icate be exphysician and physician and please reval, and in		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltinare, Maryland 1. A
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	requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and it		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Caul Soldan R.N. 1204 Martin Court Balton Md.
	he he mai		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
	hat t cian. ed b tran		773 IMMEDIATE CAUSE (a) HYDLING MEMBRANE DISCASE 31 148
	The law requires that the or attending physician. The sate has been signed by the use as the burial-transit salth prior to burial, cremat		Conditions, If any, which) PREMATURITY. 38 HRS.
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	ING PHYSICIAN: The law I by the hospital or attendate this certificate has be detached for use as State Dept. of Health prior	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	d by the After this d be detail		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 work 20f. (City or town) (County) 20f. (City or town) (City
	retained by CTOR. After Should be with the State		21. I certify that (I) (this hospital) attended the deceased from 4/1/2, 1966, to 4/12, 1966, that (I) (we) last
	OR ATTEN / be retaine DIRECTOR: ge 3 shoul led with th		saw the deceased alive on 19, and that death occurred at 35 PM, from the causes and on the date stated above.
	OR be		M.D. ATTENDING MED. STAFF W/12/66.
	TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the	1	22c. PHYSICIAN'S NAME (Type) DAVID C. MAUGER 22d. ADDRESS SREATER RALTIMORE MEDICAL CENTER.
	Page 4 Property of FUNI director		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
			REMOVAL (Specify) 4/13/1966 Calvary Cemetery Cherry Hill, New Jersey 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AREGISTRAR'S SIGNATURE
	VR AI5 (4)		Wm. L. Tickner & Sons north & Par. DATE APR 14 1966 yellarles Juage
	20M 1/65		6-21-468

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04968 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Page b. COUNTY and 3 to Baltimore Maryland MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3 Departm after Baltimore (rural) Baltimore 03-(rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Office alang with farm hours ON A FARM? 6303 Helly Lane St. Joseph's Hospital Item 18. Give Pages ate YES NO I after death. 3. NAME OF First Middle 4. DATE Lost Month Doy Year 7 966 within 72 DECEASED April BRADFORD ANTHONY PETERSON 7 7 XIXXXXX (Type or print) DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE January 25, 1966 IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** Months lost birthdoy) Doys Hours Male White haurs WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done during mg alwaking life, even if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12, CLITZEN OF WHAT AtINHISTRIE COUNTRY? 24 e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME Vivian Ricalde 13. FATHER'S NAME This certificate should be executed within Barry Peterson File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na for unknown) (Iff yes bive wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. ar remaval, Family records None CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute Interstitial Pneumonitis. IMMEDIATE CAUSE (o) writing the ward crematian, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 00 burial, nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES X the certificate, NO agent, priar ta 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING STAL EXAMINER: CAUSE OF DEATH. MEDICAL 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While please execute of work ar its designated 21. I certify that I took charge of the remains described above, held on Autopsy X. for Inspection Inquiry and in my opinion director. deoth resulted fram: Natural couses be Accident/ Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED all ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY 4/7/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** may { Health (Charles S. Petty, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 00 Prospect Hill Cemetery lowson, Maryland 24. FUNERAL DIRECTOR VR A15ME (5 John Burns' Sons, Towson, Maruland

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April 1956-197 1866 1 1994

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04969 CERTIFICATE OF DEATH within 24 hours after death puo 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) deot PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND Pages urs afte c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore Fort Howard L Davs bon popers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 1710 St. Paul Street YES NOTY corbon NAME OF First Middle Lost 4. DATE Month Day Year completely DECEASED 1966 JAMES ROLAND PICKING APRIL 30 (Type ar print) DEATH requires that the deoth certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 58 ost birthdoy) remove Months Doys Hours /13/07 ony White Male WIDOWED KK DIVORCED physician ond enemonen 1Da. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) **NDUSTRY** Upholstering Baltimore, Maryland Cabinet Maker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James R. Picking Elizabeth Austin 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give wor or dates af service) 0 213-05-15-52 Clin. Records. VAH. Fort Howard, Maryland WW II Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, cremotia ONSET AND DEATH Acute Myocardial Infarction IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gove rise ta immediate couse (a), DUF TO stating the underlying couse os the TO FUNERAL DIRECTOR: After this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T Bronchopneumonia. Thrombosis of left Middle Cerebral Artery. the hospital or for 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (Caunty) (State) 2Dc. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ATTENDING ot work be retained by 1/30/ 1966, that 10 (we) lost 1966_, to. 21. I certify that X (this haspital) attended the deceased from_ 11/26/ should 19 66, and that death occurred at 1:10AM from causes and on the date stated above. 14/30/ saw the deceased affive on. 22b, DATE SIGNED 4/30/66 22a. SIGNATURE exer ATTENDING STAFF PHYS. PETER V. JUVAN. M.D. M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) PETER V. JUVAN. M.D. VA HOSPITAL, FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) Baltimore 28, Maryland REMOVAL (Specify) National Cemetery 5-3-66 BURIAL 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DAMAY 1966 George L. Schwab. Funeral Home 2101 Frederick Ave. Baltimore. Maryland

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PETRA V. JUVAN, M.I.

PARENT, JUVAN, M.D. C. W. REFERSE, RATE SAMED, MARCHARD

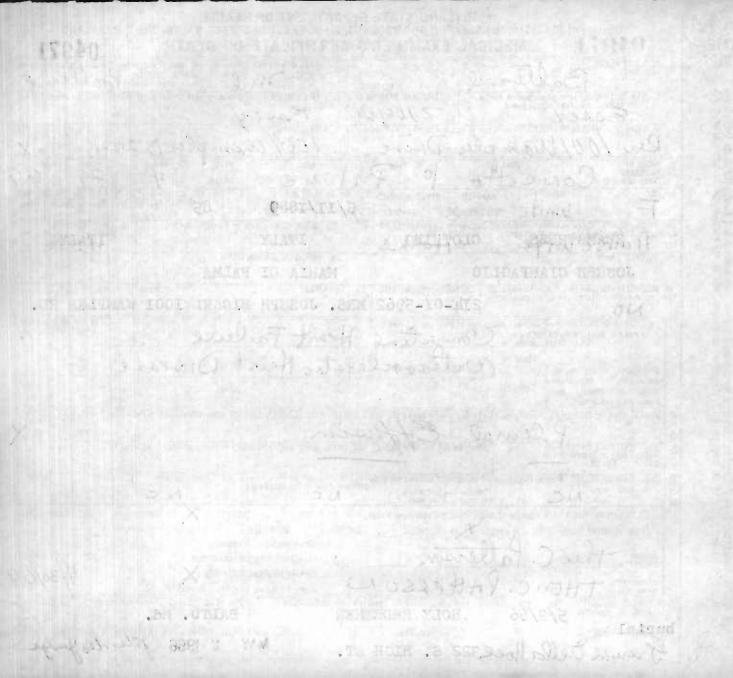
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04970 death be executed within 24 haurs after death the attending physician and campletely filled in by the funeral isit permit. Then please remave carban pageses I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 2 hours Fort Howard 23 Davs Savage d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 311 Washington Street YES NOTY event, with NAME OF First 4. DATE Doy Year DECEASED JOSEPH 15 PIERCE APRIL (Type or print) DEATH 19 66 AGE (In years last pirthdoy) S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED XX NEVER MARRIED Months Dovs 9/21/07 and in any White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life even if retired)
Shipping Clerk INDUSTRY PHYSICIAN: The law requires that the death certificate Virginia Business 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank J. Pierce Edna M. James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dates af service) 0 587-19-98-53 Clin. Records, VAH, Fort Howard, Maryland crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PNEUMONIA, RIGHT LOWER LOBE IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or ottending physician. burial, Canditions, if ony, which gove CARCINOMA OF LUNG. LEFT LOWER LOBE MONTHS rise to immediate couse (a), DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? for use CERTIFICATION with the State Dept. af Health YESX X NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur o.m. Nat While foctory, street, affice bldg., etc.) ot work ot work 21. I certify that 11) (this haspital) attended the deceased fram March 23, 1966, ta April 15, 1966, thak (1) (we) last saw the deceased alive an April 15 1966, and that death accurred at 0:40 M. Fram causes and an the date stated abave. 22o. SIGNATURE 22b. DATE SIGNED Deallens ATTENDING 4/16/66 M.D. directar, page 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Adolfo E. Scatena, M.D. VA HOSPITAL FORT HOWARD MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Arlington National Cemetery Washington, D.C. Burial 24. FUNERAL DIRECTOR 313 Talbert Avenue VR A15 (4) 20 M 1/66 Donaldson Funeral Home Laurel, Maryland

WAS STATED THE RESERVE OF THE PARTY OF THE A September 8.55 . Land 18.55 and the comment of the latest the

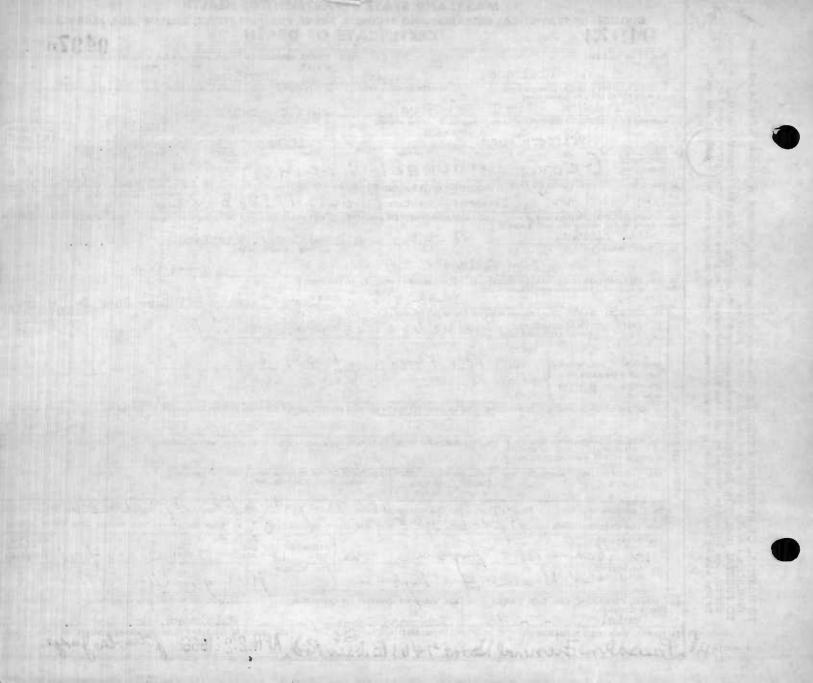
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FOR STATE	04971 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 114971	
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 9. STATE 0. COUNTY b. COUNTY	sslon)
that beard	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest t	town
cessary, funeral 5 may be Department after death.	write RURAL and give nearest town) 7 10440 Essel	.cviii)
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ny de 2, and M3. the S 72 ho	3. NAME OF BECEASED (Type or print) CONCETTA C Middle P 1 ON C BEATH 24 DATE Month Dey Year OF BEATH 24 DEATH 29 19	09
h. It	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 2	4 HRS.
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	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
thours Item 18 Office al	JOSEPH CIAMPAGLIO MARIA DI PALMA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
INER: This certificate should be executed within 24 hou ifficate, writing the word "pending" in pencil in Item be forwarded to the Chief Medical Examiner's Office. ge 3 should be used as a burial-transit permit. File ped agent, prior to burial, cremation, or removal, and it	(Yes, no, or unkown) (If yes give war or dates of service) 214-01-5962 MRS. JOSEPH BICKEL 1001 WAMPLER RD	•
d with pen smine per rem	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DECEMBER 1. DEATH WAS CAUSED BY:	EEN
g" in Fxa ansit n, or	IMMEDIATE CAUSE (8) COTO TO	
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ficate sho the worn to the Chi used as to burial	Performing	
EXAMINER: This certificate should certificate, writing the word "ould be forwarded to the Chief I es. R: Page 3 should be used as a bignated agent, prior to burial, cr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMING 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW ANJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.	
This e, wirwar		ite)
NER: fication of og id ag	p.m. NC 19 at work at work	
Pa de la	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Z, Inquiry, and in my op	inion
e to the orange of the orange	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner .	
	ACTUAL Theo C. Pallison M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIG	GNED
- 0 - 0 - 0	EXAMINER'S THEO C. PATTERSON DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	6
O DEPUTY please ex director. retained f o FUNERAL of Health	23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stat	e)
To F	REMOVAL (Specify) 5/2/66 HOLY REDEEMER BALTO. Ma. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15ME (5)	From & Della Wel 322 S. HIGH ST. DATE MAY 2 1966 golishles Judge	L
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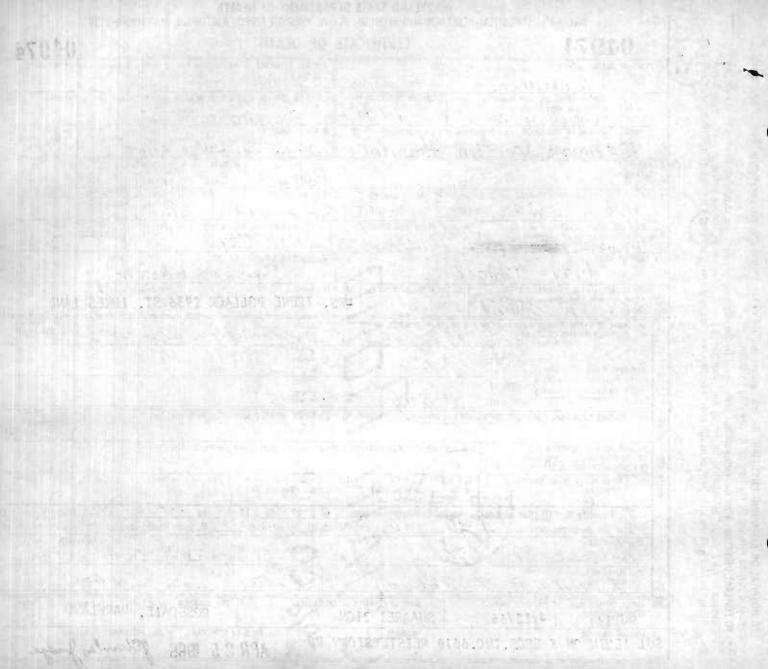
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution: Rasidance before edmission a. COUNTY b. COUNTY by the and 2 death. a. STATE Baltimore MARYLAND Baltimore Maryland b. CITY OR TOWN (if outside corporate limits, þ c. LENGTH OF STAY IN 16 c. CTTY OR TOWN (If outside corporate limits, write RURAL end give nearest town) writa RURAL and give naarast town) Pages 1 2 Bradshaw within rual Bradshaw rua d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 50 21021 ON A FARM? completely papers. Pfiffers Road YES NO Pfiffers Bradshaw, Md. Road executed NAME OF First Middla 4. DATE Month DECEASED OF (Typa or print) DEATH 19 carbon Wit 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and 7. MARRIED NEVER MARRIED last birthday) Months event, Hours certificate WIDOWED physician гетоме 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foraign country) dona during most of working life, aven if retired) Ret. Florist Florist Baltimore. Maryl and please .⊑ 13. FATHER'S NAME MOTHER'S MAIDEN NAME affending and John Pleines Rosena Beck Then requires that the removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive war or datas of sarvice) the NO Mr Millard permit. the hospital or attending physician. **DIRECTOR:** After this certificate has been signed by should be detached for use as the burial-transit permi 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremation, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediate causa burial DUE TO (a), stating the undarlying as the I causa last. PHYSICIAN: (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? prior YES T NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 18.) Health OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by ATTENDING MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) ō factory, streat, offica bldg., atc.) Hour a.m. While Not Whila Dept. at work at work 19 p.m. 21. I certify that (i) (this hospital) attended the deceased from. State causes and on the date stated above saw the deceased alive on... and that death occurred at M. from the may DATE 22a. SIGNATURE the the ATTENDING MED. HOSPITAL FUNERAL page DIRECTOR PHYS. PHYS. M.D. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) ector, Filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. UOCATION (City, town or county) (Stala) O F & REMOVAL (Spacify) Baltimore, Co. Burial Parkwood REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04974 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after chith by the funeral Pages 1 and 2 PLACE OF DEATH b. COUNTY Baclo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE Altimore MARYLAND haurs after b. CITY OR TOWN '(If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL) and give nearest town) Kandle LLS town +11mone d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO To timone 3. NAME OF DECEASED (Type or print) First DATE Doy Year event, wit OF DEATH Uprel 19 66 IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) DIVORCED 2-6-1920 WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even, if retired) INDUSTRY COUNTRY? Citu pleas FOUNDATION managen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, ar remaval ollack SACIE 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) MRS. IRENE POLLACK 2936 ST. LUKES LANE INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH 1. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) signed by Poge 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 4-6-66.19 60, 10 21. I certify that (I) (this hospital) attended the deceased from 4-6-66, 19-66, to 4-30-, 19-66, that (I) (we) last saw the deceased glive on 4-96, and that deoth occurred at 3-55 AM, from causes and on the date stated above. 1966, that (1) (we) last saw the deceased alive on. 22o. SIGNATURE DATE SIGNED MED. DIRECTOR ATTENDING PHYS. unuent M.D. 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL O FUNERAL directar, should be 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION, 4/22/66 SHAAREI ZION & BROS. INC. 6010 REISTERSTOWN 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2 after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Pages 1 b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Page within 72 hours a write RURAL and give nearest town) hours TOUSON BALL DE 25 0-102000 = 21204 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 113 E. Chesapeake Ave. NO X YES completely carbon NAME OF Middle Last DATE Month DECEASED any event, (Type or print) James PONES DEATH April 23. 19 66 6. COLOR OR RACE | 7. MARRIEO 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. remove NEVER MARRIED last birthday) | Months | pur Male Colored WIOOWEO [DIVORCED [12-3-06 = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR ician 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) INDUSTRY COUNTRY? Philadelphia.Fa. nknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 1.17. INFORMANI Address permit. 5 cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hepatic failure IMMEDIATE CAUSE (a) OUE TO Portal cirrhosis Conditions, If any, which gave rise to Immediate 라유 OUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? Malignancy of the stomach NO F YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING t. of OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) det Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from March 25, 1966, to April 23, 19 66 that (I) (we) last Arril 23. 19 66, and that death occurred at 0:50 from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING April 23.1966 OIRECTOR . PHYS. PHYS. director, p PHYSICIAN'S 22d. ADORESS NAME (Type) Bernardino A. Alonso 7620 ork Road 27 204 BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR AOORESS 25a. REC'D'BY REGISTRAR REGISTRAR'S SIGNATURE VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04977 requires that the death certificate be executed within 24 haurs after death pup BALTIMORE completely filled in by the funeral nave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town Durkle e. IS RESIDENCE ON A FARM? d. STREET ADDRESS HOSPITAL OR INSTITUTION (If not in hospital, give street address) SMiddlPOOR, HARRY SR. NAME OF First 4. DATE Dov DECEASED 3 (Type or print) IF UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 1, Z/XXXXX Dovs WHELE WIDOWED XX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
SHIPPING CLERK INDUSTRY COUNTRY? MARYLAND U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME HARRY D. POOR ELLA SCHILLINGER INFORMANTMRS. MARGARET P. TAKOMA PARK. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, near unknown) (If yes give wor or dates of service) MARYLAND INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DHF TO Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying cause the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use Dept. af Health NO NO YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Page 4 may be retained by 19 JO to 70, 1966 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. and that death occurred at 7 42 M, from couses and on the date stated above saw the deceased olive an 4,70, 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BURIAL (Specify) MARYIA ND LOUDON PARK CEMETERY BALTIMORE. 5-3-66 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 20 M 1/66 HUBBARD FUNERAL HOME, 4107 WILKENS AVENUE #29

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04978 24 haurs after death. death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY b. COUNTY ve carban papers. Pages 1 event, within 72 hours after Baltimore MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 11 months Owings Mills Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET AODRESS NO J Rosewood State Hospital 397 Congressional Lane YES the death certificate be executed within 4. DATE OF DEATH 3. NAME OF Middle ove carban Lost Month Doy Year campletely DECEASED (Type or print) Lynn POSEY Kerry IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED last birthdoy) Doys 4-18-61 Months DIVORCED WIDOWED Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Dependent Washington, D.C. U.S.A. none attending physic nermit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Harold Arnold Posev. Jr. Linda Ann Cordry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Rosewood Records, Owings Mills, Maryland no none crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: requires that IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO as the stoting the underlying couse Page 4 may be retained by the haspital ar attending peen last. 19. WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate has director, page 3 shauld be detached far use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION State Dept. of Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work 1965 ta 1966, that (IR(we) last 21. I certify that (4) (this hospital) attended the deceased from director, page 3 shauld shauld be filed with the 19 66, and that death occurred of 12:25 Moreon causes and on the date stated above. saw the deceased olive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 4-6-66 M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S M.D. Rosewood State Hosp., Owings Mills, Md. NAME (Type) Zsolt Koppanyi 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 25%. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) a. COUNTY b. COUNTY 事2年 Baltimore MARYLAND Baltimore b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE rs. Pag hours d. STREET ADDRESS ON A FARM? YES NO 51st St. 402 paper n 72 l 3. NAME OF Middla 4. DATE Year Month DECEASED OF within (Typa or print) DEATH 10 April Stanialawa Posinski 19 66 B. DATE OF BIRTH IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years I IF UNDER 1 YEAR Bud last birthday) Months Female death certificate WIDOWED 7 DIVORCED Move 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, avan if ratired) phy Retired Houge Work Germany Germany .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HEP ā Then removal Address 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or datas of servica) Same. John Posinski the hospital or attending physician. After this certificate has been signed by 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit DUE TO Conditions, if eny, which (b) gava risa to immadiata causa DUE TO (a), stating the underlying PHYSICIAN: causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) SE 0 CERTIFICATION PERFORMED? use prior YES NO L detached for 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of itam 18.) of Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by 20e, PLACE OF INJURY (Homa, farm, (Stata) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | factory, streat, office bldg., atc.) While Not Whila Hour a.m. DIRECTOR: at work at work 19 p.m. pe 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... plnods19.66, and that death occurred at 12 kpp Mgcmses and on the date stated above saw the deceased alive on... 22b. DATE 22a. SIGNATURE death. Page of FUNERAL I SIGNED ATTENDING page with t PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS director, pe filed v 23d. LOCATION (City, town or county) (Stata) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) St. Stanislaus Cem. 6515 Boston Ave. Balto. Md 966 256. 24 FUNERAL DIRECTOR'S SIGNATURE 6224 EAS APPREN AUE. BALTO, 24, MD VR A15 (4) DATE 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH
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MARYLAND STATE DEPARTMENT OF HEALT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTINGS 04982 CERTIFICATE OF DEATH funeral and 2 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Soff has 1filled in by the fundaments. Pages 1 hin 72 hours after Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) TOW SON d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Offentr NO YES completely ive carbon p death certificate be executed within with NAME OF DECEASED First Middle Month Day Year event, (Type or print) DEATH 1966 SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE attending physician and constraint. Then please remove n, or removal, and in any ev 7. MARRIED NEVER MARRIED Months Hours emale WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY LACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) HOUSEWIFE

13. FATHER'S NAME OWN HOME MOTHER'S MAIDEN NAME ANNA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I INFORMANT Address 17. been signed by the atten the burial-transit permit. Ir to burial, cremation, or i (Yes, no, or unkown) | (If yes give war or dates of service) 812 CHULMLEIGH MRS NORMAN 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Carcinoma Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) **DIRECTOR:** After this certificate hage 3 should be detached for use iled with the State Dept, of Health | PERFORMED? NO YES [2Da. ACCIDENT WAS UNDERLYING TI DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While NOSPITAL OR ATTENDING Page 4 may be retained by p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 66 and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. page ATTENDING PHYS. 6000 DIRECTOR | 22d. ADDRESS PHYSICIAN'S director, p should be f NAME (Type) EARLOS BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 66 Loudon Park Baltimore Marvland 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Col Sons Road VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04983 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Fort Meade 4 months Owings Mills IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO S YES Rosewood State Hospital NAME OF Middle Lost DATE Doy Year DECEASED RATCLIFFE, III 66 Carl (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** lost_birthdoy) Months 3-24-65 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Dependent INDUSTRY COUNTRY ? Augsburg, Germany U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Bradford Carl Ratcliffe 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Rosewood Records, Owings Mills, Maryland none no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. OEATH WAS CAUSED BY: ONSET AND OFATH EDEMA PULMONARY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove YEAR ONGENITAL rise to immediate couse (a) DUF TO stoting the underlying couse ABSENCE OPTIC WERVES lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that RA (this haspital) attended the deceased fram. 11-15 . 19 65, to 1966, that A (we) lost 1966, and that death accurred at 10:10M, promecauses and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE ATTENDING PHYS. 4-6-66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Rosewood State Hospital, Owings Mills FREENE, M.D NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (Slate) (County) REMBYAL (Specify) Apr.11/1966 New Hope Cemetery Worchester Co., Maryland ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

SALISBURY, MARYLAND

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requires that the death certificate be executed within 24 hours after death.

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY h. COUNTY MARYLAND all b. CITY OR TOWN (if outside corporate timits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) a. IS RESIDENCE ON A FARM? Nursing Home YES NO IX NAME OF Middle Month Yeer DECEASED OF (Type or print) DEATH 1966 5. SEX 6. COLOR OR RACE 9. AGE (In yeers I IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS lest birthdey) Months WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Sec. Admiral 11.5.A Savings & Loan phy 13. FATHER'S NAME 5 attending <u>a</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Yes, no, or unkown) (Ifyesgivewerordetesofservice) by the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. WOO IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which geve rise to immediate cause DUE TO (a), steting the underlying ceuse test. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY 0 PERFORMED? prior NO L CERTIFIC 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. ŏ 19 et work et work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from April 13..., 19.66, 25, 19.6.6, that (1) (we) last to Hour , and that death occurred at \$.25.M, from the causes and on the date stated above.19. saw the deceased alive on House 22e. SIGNATURE 22b. DATE STAFF ATTENDING MED SIGNED PHYS. DIRECTOR PHYS. FUNERAL 5-66 HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) rector, 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) る意義 Burial Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATAPR VR A15 (4) norther pa aves

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF DEATH ani 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Baltimore completely filled in by the ive carbon papers. Pages 1 event, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Towson mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 9516 Power Horn Lane, 21234 NO A be executed within NAME DE Middle Last DATE Month Year DECEASED April 24. 1966 Agatha Reeves (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX and cor DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days 1-28-13 Female Hours | WIDOWED [DIVORCED [physician an please ru 10a. USUAL OCCUPATION (Give kind of work done I 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Virginia Housewife Housewife U.S.A. PHYSICIAN: The law requires that the death certificate the hospital or attending physician. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal = as been signed by the attending as the burial-transit permit. Thei prior to burial, cremation, or remov John Boyce Daisev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mr Phineas C. Reeves 9516 Powderhorn Lane 200-07-8210 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Chronic glomerulonephritis Congestive heart failure DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate his hed for use a t. of Health p PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING [tached for Dept. of 1 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) DIRECTOR: After age 3 should be dilled with the State Hour a.m. OR ATTENDING I Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from April 20, 1966, to April 24, 1966, that (I) (we) last saw the deceased alive on April 19 66 _, and that death occurred at 10:00 from the causes and on the date stated above. a.m. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING X M.D. DIRECTOR PHYS. April 24, 1966 Page 4 may PHYS. FUNERAL lirector, particular be fil Gracito V. Patricia NAME (Type) 7620 York Road, 21204 director should b 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Sewickley Cemetery Sewickley, Penna. Burial FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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	BECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
> 04986 MEDICAL EX	AMINER'S CERTIFICATE OF DEATH 04986 /
1. PLACE OF DEATH o. COUNTY Baltimore	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY
write RURAL and give nearest town) Baltimore (rural)	OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore 30 - 44
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street odd 5503 Wilkens Avenue	d. STREET ADDRESS 32 S. Fulton Avenue e. IS RESIDENCE ON A FARM? YES NO XX
3. NAME OF First Mi DECEASED (Type or print) First SU	JE REID 4. DATE Month Day Year OF April 10 19 66
	MARRIED 8. DATE OF BIRTH Dec. 11, 1965 9. AGE (In years left under 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 4
1Db. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 1Db. KIND OF BUSINE INDUSTRY	SS OR Maryland Balto City 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William A. Reid 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURI	Diann M. Scatina TY NO. 17. INFORMANT Address William A. Reid 32 S. Fulton Ave. Balto. Md.
(Yes, no, or unknawn) (If yes give war or dotes of service) IB. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), ond (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) SOUR TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 33 NO
2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Year Hour o.m. 2Dd. INJURY OCCURRING While Not While Not While	NJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
2Dc. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 2Dd. INJURY OCCURR! While Not Whi at work at work	le foctory, street, office bldg., etc.)
21. I certify that I took charge of the remains descrit deoth resulted from: Natural causes X, Accide	
SIGNATURE Charles J Cil	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S Charles S. Petty, M.D.	
REMOVAL (Specify)	OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 1 National Cem. Balto. Md.
24. FUNERAL DIRECTOR Balto. Md. 21229 G. Truman Schwab 3512 Frederick Ave	RESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

APRIL 1966 / Yenday Jage

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04987 requires that the death certificate be executed within 24 hours after death. death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission the attending physician and completely filled in by the funeral sit permit. Then please remo<u>ve</u> carbon papers. Pages 1 and PLACE OF DEATH g. COUNTY BALTIMORE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 32 Days CARROLI.TON FORT HOWARD bon papers. within 72 hou d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL ROUTE L. BOX 29/12 YES NO 3. NAME OF First Middle 4. DATE Last Month Doy Year DECEASED ROLAND FRANKLIN RILL (Type or print) APRIL 166 DEATH ever 9. AGE (In years SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. ast birthdoy) Months Davs Hours 8/31/95 Male White WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Farming FARM PATAPSCO, MARYLAND U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal GEORGE W. RILL LAURA BARBER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service) 0 217-12-23-68 Clin. Rec. VAH, Fort Howard, Maryland 21052 es 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit CARDIAC INSUFFICIENCY IMMEDIATE CAUSE (a) signed by physician 4200 **DUE TO** Conditions, if ony, which gave rise to immediate couse (o). DUF TO stating the underlying cause **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been for use as the (c) ARTERIOSCLEROTIC HEART DISEASE UNKNOWN 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While at work at wark 21. I certify that (Mythis haspital) attended the deceased fram March 1, 19.66, to April 5, 19.66 that (Myth) (we) last ploods saw the deceased alive on April 5 19.66, and that death occurred of 6:30M fram causes and on the date stated above. 22b. DATE SIGNED 22g. SIGNATURE **ATTENDING** 4/5/66 M.D. DIRECTOR PHYS. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NEILON NEILSON, M.D. NAME (Type) VAH. FORT HOWARD, MARYLAND 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Finksburg, Maryland Carrollton Church of Burial

24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Westminster . Md. Melianten

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04988The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and ond dear 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 88 DAYS FORT HOWARD BALTTMORE papers. hin 72 h d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO X 731 SOUTH LAKEWOOD AVENUE VETERANS ADMINISTRATION HOSPITAL 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED EDWARD ERVIN RITMILLER (Type or print) DEATH APRII SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours Min. 12 26 14 MALE WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician on please loval, and it during most of working life, even if retired)
FELT HAT FINISHER INDUSTRY COUNTRY? Mens Hat Mfg. BALTIMORE, MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROBERT RITMILLER ELIZABETH WEISE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service)
YES

WW-11 212 07 29 88 CLIN REC VAH FT HOWARD MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART 1. DEATH WAS CAUSED BY: METASTATIC CARCINOMA OF THE LEFT LINGUAL TONSIL IMMEDIATE CAUSE (o) signed by DUE TO burial Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar ta l TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldq., etc.) Not While pe to April I 19 66 that (4) (we) last Jan. 3, 00 21. I certify that (4) (this haspital) attended the deceased fram_ shauld 19 66, and that deoth occurred at saw the deceased alive on April 1, P.M. from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 1 66 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S FT HOWARD NAME (Type) ABDUT, SALAM QURESHI, M.D. VAH MARYLAND directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) BURMP WAT (Specify) BALTIMORE NATIONAL APRIL 5-1966 BALTIMORE MARYLAND Duda Tuneral Home 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Linwood Ave.-Hudson StratAPR VR A15 (4) 20 M 1/66 Melianten JOHN J. DUDA. 1966 Baltimore. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 deat 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Pages 1 ares after b. COUNTY a. STATE Baltimone hours after Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours lowson owson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Boaley Avenue hesapeake Manor Nursing Home YES ND D letely within carbon NAME OF Middle Last Year 4. DATE Month Day DECEASED event, Rober (Type or print) Bradford DEATH April 6. 1966 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. 7. MARRIED NEVER MARRIED 9. last birthday) June 12. Months I temale Days Hours and WIDOWED -DIVORCED = 1Da. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT an during most of working life, even if retired) COUNTRY? INDUSTRY physici Pennsulvania Uwn Home Housewile removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Abigale Follmer Ihaddeus Bradlora 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unknwn) | (If yes give war or dates of service) Family records None None CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) r this cerum, detached for use a CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work p.m. 19 at work P that (I) (we) last the 21. I certify that (I) (this hospital) attended the deceased from 19 DIRECTOR: 3 shoul and that death occurred at 7.32.M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. M.D. DIRECTOR O HOSPITAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THERED (State) BREMOVAL (Specify) West Side emeteru Sunburu. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b... REGISTRAR'S SIGNATURE John Burns Sons. VR AI5 (4) Manuland Lowson. 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and hours after death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. GOUNTY a. STATE **b**-COUNTY and completely filled in by the femore carbon papers. Pages 1 arrevent, within 72 hours after GEORGES Baltimore County RINCE MARYLAND MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) B. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b College Park 945 Mount Wilson e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 4506 lecumsen Wilson State Hospital NO X YES) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. 3. NAME DF DECEASED DATE Month Day Middie Lest 1966 Curtis Kobertson DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months | Days | Hours | Min. DATE OF BIRTH 5. SEX NEVER MARRIED Months | Days Hours WIDOWED V DIVORGED [yrs. 12. GITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLAGE (Gounty & State, or foreign country) -1Da. USUAL OCCUPATION (Give kind of work done | physician lease and in during most of working life, even if retired) INDUSTRY Coal Mines removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then Robertson Dorrie Williams 17. INFORMANT 15. WAS DEGEASED EVER IN U.S. ARMED FORGES? 16. SOGIAL SEGURITY NO. Address the attendit permit. o (Yes, no, or unkown) | (If yes give war or dates of service) Hosp. Records, Mt. Wilson State Hospital OIRECTOR: After this certificate has been signed by the at age 3 should be detached for use as the burial-transit permined with the State Dept. of Health prior to burial, cremation, INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) vancular DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFIGANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Palmonary Advanced NO N +uberculosis YES 2Da. AGGIDENT WAS UNDERLYING ☐ OR GONTRIBUTING ☐ GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) 20f. (City or town) (County) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 19.66. that (1) (we) last 1966 21. I certify that (I) (this hospital) attended the deceased from. 19 66, and that death occurred at 2 15 1/2 M, from the causes and on the date stated above. saw the deceased alive pn. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR 4-1-66 ATTENDING PHYS. page PHYS. M.D. FUNERAL PHYSICIAN'S 22d. ADDRESS director, p Newcomer, Superintendent Mount Wilson, Maryland NAME OF GEMETERY OR CREMATORY 23d. LOGATION (City, town or county) BURIAL, GREMATION, 23b. REMOVAL (Specify) DATE THEREOF 23c. 2 LIVE IRG-INIA CEMETERY BURIAL REG'D BY REGISTRAR 25b. REGISTRAR'S ADDRESS FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14991 and 2 requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore MARYLAND Maryland ban papers. Pages I within 72 haurs afte by the fa b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (It autside corparate limits, write RURAL and give nearest tawn) Baltimore Baltimore 12 e remove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Overbrook Road Armacost Nursing Home YES . NO X NAME OF Middle 4. DATE Month Doy Year DECEASED Eva May Robinson April 19 19 66 (Type or print) DEATH AGE (In years lost birthdoy) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Dovs Hours /22/1885 X DIVORCED WIDOWED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) burial, crematian, ar remaval, and in attending physician and armit. Then please r during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Cathcart Elizabeth Lytle IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address LID H. Clifton Owens. Maryland 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if onv. which gove Hypertension rise to immediate couse (a), DUF TO stoting the underlying couse **DIRECTOR:** After this certificate has been ge 3 shauld be detached far use as the d far use as the af Heolth priar ta Arteriosclerotic cardiovascular renal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CLISCAS & 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. o 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While 19 ot work of work 21. I certify that (I) (this hospital) attended the deceased fram NOV. 19.65, toApr. 19, 1966, that (1) (we) last directar, page 3 shauld shauld be filed with the 18. 1966, and that death accurred at 6 A.M., fram causes and an the date stated above. saw the deceased glive an Apr. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 52 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 3902 Greenmount Ave. Lloyd Savlor 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Vernon White Hall Md. 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR York Road VR A15 (4) & Sons Co. H.W.Jenkins 1966 20 M 1/66

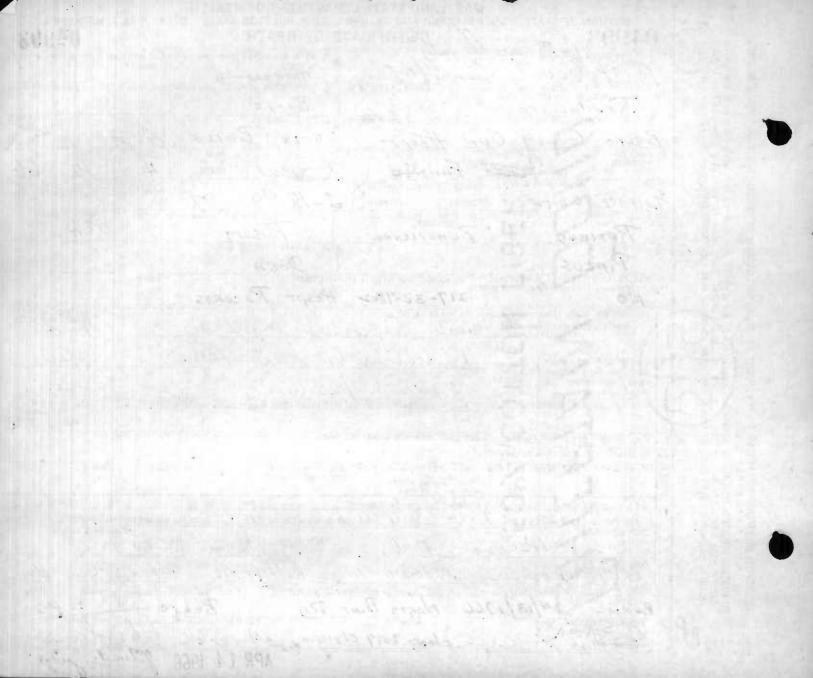
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04992 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Baltimore Baltimore 0 of death. MARYLAND and 3 1 b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest tawn) Deportment c. LENGTH DE STAY IN 16 c. CITY DR TDWN (If gutside carparate limits, write RURAL and give negrest tawn) offer 8 yrs. Dundalk e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS hours along with form Give Poges 1, 1893 Augusta Avenue 1893 August Avenue. 21222 with the Stote E within 72 hour Res . NOX 3. NAME OF First Middle 4. DATE Last Manth Day Year DECEASED 1966 FRANCES RODRIGHEZ April 27-19 Type ar print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years NEVER MARRIED 8. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS. 7. MARRIED last birthday) Manths Days Haurs in Item 18. White Female WIDOWED DIVORCED November 13- 1891 24 hours Office 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired)
Housewife **INDUSTRY** U.S.A. Ret. Calvert Clothing Mfg. Co. forwarded to the Chief Medical Examiner's dny Italv pages in any pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within Jasper Merlo Margaret Marchetti puo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, quinknawn) (If yes give war as dates af service removal Mr. Paul Rodriguez, #2,a,b,c,d. 217-03-6350 pending INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH P IMMEDIATE CAUSE (o) writing the word cremotion, DUE TO Conditions, if any, which gove rise ta immediate cause (a). DUE TO 0 stating the underlying couse used os buriol, c HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 19. WAS AUTOPSY PERFORMED? the certificote. 9 pe 20g. EXTERNAL CAUSE W 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) 3 should ogent, prior PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote) Not While factory, street, office blda., etc.) please execute ot work at wark designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection -Inquiry X 5 may be retoined for O FUNERAL DIRECTOR: and in my opinion the funerol director. death resulted fram-Suicide . Naturol (auses Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY April 27-1966 DEPUTY MEDICAL EXAMINER TO A COUNTY OF COUNTY 0 **EXAMINER'S** Theodore C. Patterson M.D. 105 Ma Heolth NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Hely Redeemer Belair Rd. Balto. Md. 21213 24. FUNERAL DIRECTOR VR A15ME (5) JOHN J. DUDA. Dundalk. Maryland 21222 6M 1/66

SELECT. crostal d " d beatwest . e de la companya de l E. A. Seller -/--.\ ` -identification in the state of THE CONTRACT OF THE PARTY OF THE PARTY. Toologe C. Jetter von V. J. 205 Mark C. Denvolor error is 111

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death certificate be	ie attending ph permit. Then ion, or removal	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service) 217-32-9802 Hospital Received	
	the it per		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
± ±	an. d by ransi crem	Н	PART I. DEATH WAS CAUSED BY: Went myo cardin markens	PINNELS
requires that the	attending physician. i has been signed by th se as the burial-transit i h prior to burial, cremati		Conditions, If any, which I are arterio sules to heart disease	years
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aw r	ttending has been as the b prior to l	N.	underlying cause last.) (c) JUMUUS JUMUUS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	a) 11. WAS AUTOPSY
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PHYSI	d by the hospital or attending p After this certificate has been d be detached for use as the b state Dept. of Health prior to b	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 40 40 40 40 40 40 40 4	ounty) (State)
DING	After After Id be Stat	M	p.m. 19 at work	, that (I) (we) last
TENDI	CTOR: All should with the S	2	saw the deceased alive on $3-17-1966$, and that death occurred at 10.27 M, from the causes and on	the date stated above.
A A	IREC 3 3 6 3 6 4 Wi		P. C M. ATTENDING MED. STAFF	DATE SIGNED
	Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c. PHYSICIAN'S 22d. ADDRESS	Gen Hr -
O HOSPITAL	Page 4 FUNE directo	232	BURIAL CREMATION 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or co	quety) (State)
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			APR 14 1966 Julian	es Judge



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	and c			WIDOWED WIDOWED		7/27/1915	last birthday) Months	Oays Hours Min.
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	trending physician. trending physician. has been signed by the attending physicial as the burial-transit permit. Then prease prior to burial, cremation, or removal, and		(Yes,	VAS OECEASED EVER IN U.S. ARMEO FORCES? 16 no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	il G. Saal,	L. 3035 Tr	aymon Lan
	the d 1. by the nsit p ematin		1	8. CAUSE OF OEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).]	t		INTERVAL BETWEEN ONSET AND DEATH
	that siciar gned al-tra ial, cr			5810 DUE TO 11	0-0 1 10	1		
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	OR ATENDING PHYSICIAN: The law requires that the retained by the iospital or attending physician. IIRECTOR: After this certificate has been signed by a 3 should be detached for use as the burial-transdawith the State Dept. of Health prior to burial, cre	2	CERTIFICATION	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
	the hospital or all this certificate detached for use e Dept. of Health		ERTIFIC	OR CONTRIBUTING TO CAUSE OF OFATH	OESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of injury in	Part I or Part II of Item 18.	
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	ATT reta BCTO 3 sh with			saw the deceased alive on 222a. SIGNATURE	1966, and that			ATE SIGNED
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	Page 4 may 0 FUNERAL I director, pag should be fill	/		NAME (Type) E, RAMOS	М.О,	392) ANI	VAPOLIS	Rdi
	Pag TO FU dire	0	23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY	OR CREMATORY 23d. 1	LOCATION (City, town or cou	unty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04996 CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY h COUNTY MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OF TOWN (If you side perporate limits, write RURAL and give nearest town) write RURAL and give nearest town Randakkskapux Balto. 7 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1922 Brookdale Rd YES NO I 3. NAME OF First Lost DECEASED Frank Sangiorgi DEATH IF UNDER I YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years los pirthdoy) Months Jan. 26/90 Dovs remov Male White WIDOWED DIVORCED burial, crematian, ar remaval, and in any 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) please during most of working life, even if retired) INDUSTRY COUNTRY 2 physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sangiorgi naria WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Rol (SON) (Yes, no, or unknown) (If yes give wor or dotes of service) 139 26 5073 Sebastian S. Sangiorgi 1922 Brookdale 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ancer IMMEDIATE CAUSE (o) 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ar use NO F YES T **DIRECTOR:** After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 19 66 ta _, 1906, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 21 - 20 1866, and that death accurred at 11 P.M. fram causes and an the date stated above. saw the deceased glive on. 22o. SIGNATURE **ATTENDING** MED. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ENVEN 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREO! 23d, LOCATION (City or Town) (County) REMINAL (Specify) Holy Sepulchre 2 Paterson .D. 4101 Edmonds of Ave 24. FUNERAL DIRECTOR Marles VR A15 (4) 20 M 1/66 DATE APK 25 tzke

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04997 DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 2, and 3 ta PM3. Page o STATE b. COUNTY 2 40 death. Baltimore MARYLAND Maryland Baltimore delay Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) after Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours in Item 18. Give Pages 1, On bank of Loch Raven Resevoir 8712 Stockwell Road NO X Office alang with 3 NAME OF First Middle 4. DATE SCHAAF) Month Day Year DECEASED OF ROLAND HENRY 18 April 19 66 . ⊆ (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours Male White WIDOWED DIVORCED 24 haurs 19 10o. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? pages I Steel worker Beth Steel Maryland
14. MOTHER'S MAIDEN NAME Chief Medical Examiner's USA pencil 13. FATHER'S NAME be executed within Henry Schaaf File Bertha Shue WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service) removal, pending 217-09-9227 Family records Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 Drowning IMMEDIATE CAUSE (o) certificate shauld writing the ward crematian, DUE TO Conditions, if ony, which gove to rise to immediate couse (a), DUF TO stoting the underlying couse 0 farwarded OS burial, nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO please execute the certificate. pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) agent, priar shauld PRIMARY EXOF CONTRIBUTING should AL EXAMINER: CAUSE OF DEATH. Drove car into reservoir 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 1:45 p.m. foctory, street, office bldg., etc.)
Reservoir Not While may be retained far yaur FUNERAL DIRECTOR: Page at work 1819 66 Baltimore, Md. at wark designated 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry [Inspection ond in my opinion the funeral directar. deoth resulted from: Suicide 🔀 Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 4-19-66 DEPUTY MEDICAL EXAMINER OF **EXAMINER'S** Health Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 0 Burial (Specify) 4/22/66 Balto National Cem Balto. Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5 C.F. Evans & Son 8802 Harford Rd 6M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY BALT IMORE # 7 t MARYLAND Md. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) 中部を write RURAL end give neerest town) Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 6721 Truway 1665 Merritt Blvd.. YES NO X 3. NAME OF Middle 4. DATE Day Month 72 DECEASED (Type or print) DEATH 5. SEX DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 7. MARRIED NEVER MARRIED last birthdey) Months Hours female white WIDOWED X DIVORCED certificate 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Baltimore, Md. Kitchen Ald Church Home Hosp. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Walters Mary Kalus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordatesofservica) John Schwartz, son, 3003 Liberty Pkwy, 22 212-22-8317 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 mint IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work OR 21. I certify that (I) (this hospital) attended the deceased from. Man 196.3, to...... saw the deceased alive on...... 22e. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS 72c. PHYSICIAN'S MERRITTBLYD 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOVAL (Spacify) - F . 0 Burial Sacred Heart Cemetery Baltimore. Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Schimunek Funeral Home, Inc. 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05004The law requires that the death certificate be executed within 24 haurs after death. and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral a. COUNTY Maryland b. COUNTY a. STATE Baltimore MARYLAND c. LENGTH OF STAY IN 1h b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) haurs Baltimore 35yr6mth 3dys ban papers. within 72 hav d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STRFFT ADDRESS e. IS RESIDENCE ON A FARM? 3414 Royston Avenue STATE HOSPITAL SPRING GROVE YES NO T 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED Madeline April Seemans 12 66 (Type ar print) DEATH 19 S SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs Sept. 24. 1896 white WIDOWED DIVORCED female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) U.S. INDUSTRY andi Delaware none 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar removal, Susan Hanna Andrew IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Records: SPRING GROVE STATE HOSPITAL unknown unkmm 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Possible malignancy of the gastro-intestinal DUE TO tract burial Canditians, if any, which gave rise ta immediate cause (a). DUF TO stating the underlying cause Page 4 may be retained by the hospital or attending as the prior ta TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed far use a Malnutrition and dehydration NO K YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (*) (this haspital) attended the deceased from saw the deceased alive an April 12 1966, and the Oct. 8 19 30 , ta. April 1219 66 that (I) (were last shauld and that death accurred at FM, fram causes and an the date stated above. 5:00 p.m. 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D. director, page should be filed SPRING GROVE STATE HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 Stella Wachsler 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) CEMETER PKVILLE, KWWO 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b, REGISTRAR'S, SIGNATURE lianless

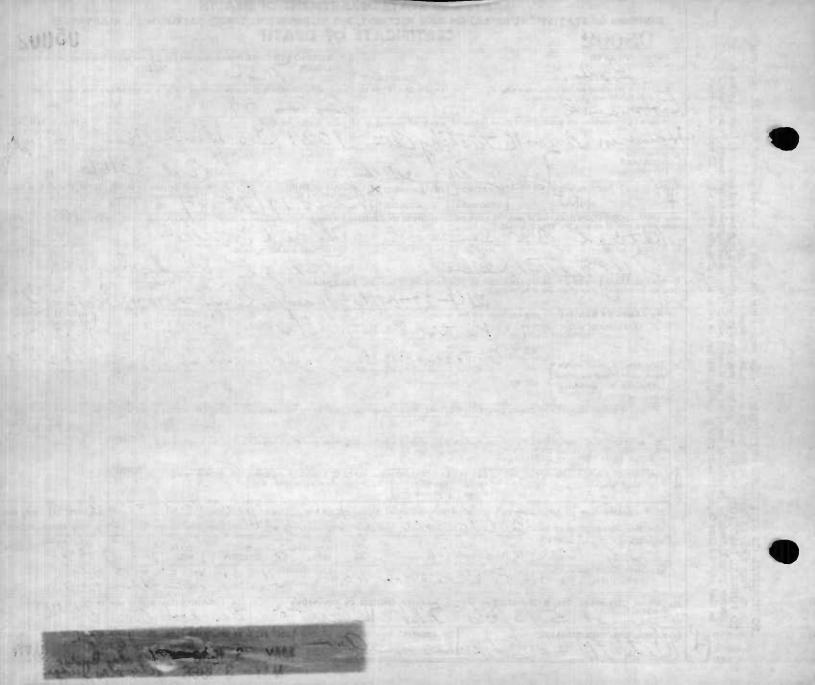
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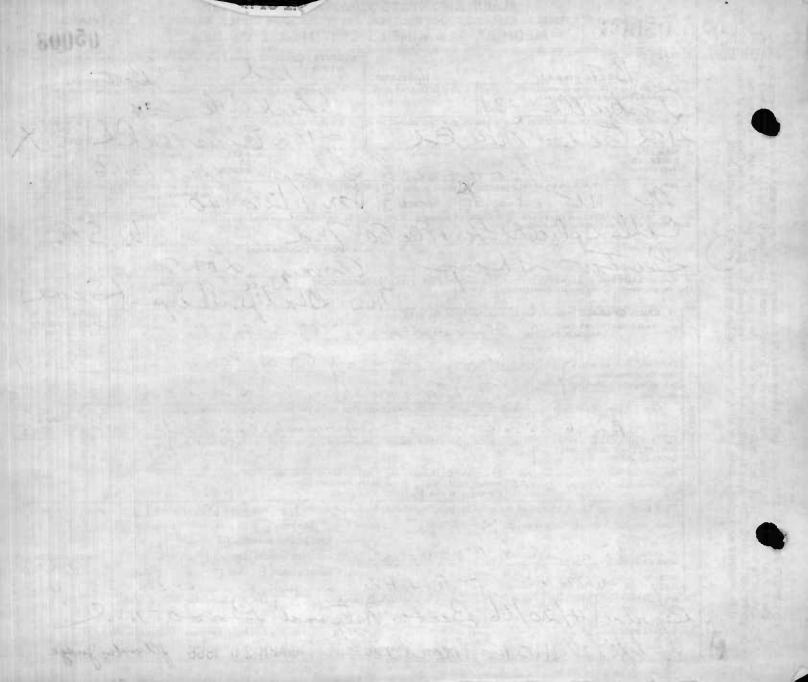
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLAND
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1	de NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	a. IS RESIDENCE ON A FARM?
3	NAME OF First Middle Last 4. DATE Month	YES NO
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5	5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 9. GGE (In years IF UND	
•	7. WIDOWED DIVORCED Cing, 19/78 8 yrs. Month	
1	0a. USUAL OCCUPATION (Give kind of work done and the property of work done and most of working life, over if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
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	3. FATHER'S NAME	7
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOSSAL SECURITY NO. 17. INFORMANT Address	9
(Yas, no, or unkown) (Ifyasgivawarordatasofsarvica) 214-27-0956-mary 2. Green the 1021/	Secklie Palue
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INVERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Partial Paralysis (FACE-ARM+LEG)	march 1966
	4221 DUE TO Centerinelegates C.V. Desgase	15 years
	Conditions, if any, which gave rise to immediate cause	
	(a), stating the underlying DUE TO cause last. (c)	
Z		'ART 1(a) 19. WAS AUTOPSY PERFORMER?
CERTIFICATION		YES NO
FRTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.)	
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2	A	19.44, that (I) (we) las
	saw the deceased alive on first 30 19.66, and that death occurred at 3.45 M, from the causes and or	
	222 STONATURE - F C C ATTENDING MED STAFF _	22b. DATE
	fru 1" actuelle M.D. PHYS. DIRECTOR PHYS.	0/4/66
	22c. PHYSICIAN'S TOHN F. COOLAHAN, M.D. 22d. ADDRESS 4201 WILKENS NAME (Type) JOHN F. COOLAHAN, M.D. TBALTIMORE, MD	21229
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF, / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Ciby 10wn or ec	
-	Burial 5/3/66 MM. Lieu Haward Co	, me
2	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REOLS AR 256. REGISTRAL	Marie Control of the
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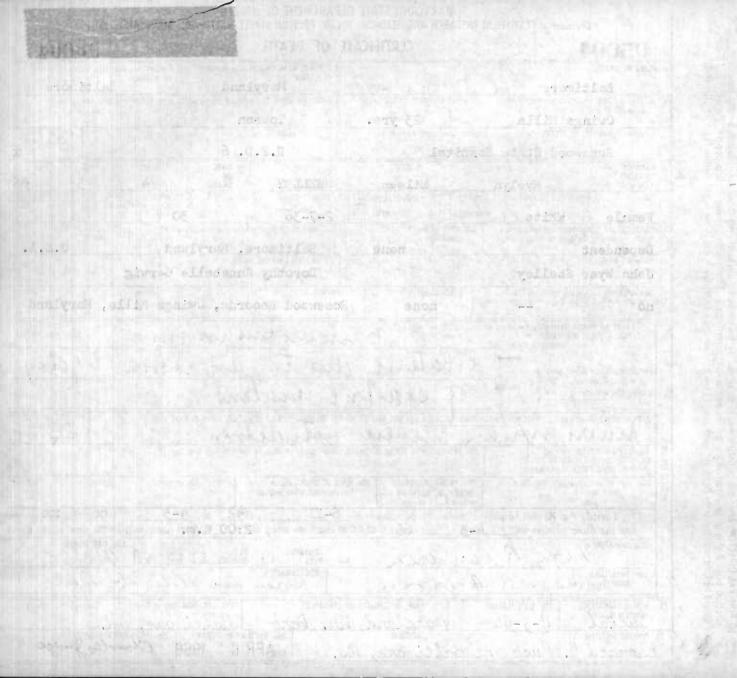


301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY umore MARYLAND b, CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 OWN (If outside corporets limits, write RURAL end give necrest town) we to RURAL and give neetes town) State Board OR INSTITUTION (Naot in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FAM YES NO death. NAME OF Middle DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during mystor working life, own if retired 106. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive weror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEE ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 0 00 % m (201) mine IMMEDIATE CAUSE (e) DUE TO Offi Conditions, if eny, which geve rise to immediate cause DUE TO (e), steling the underlying 0 couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19, WAS AUTOPSY CERTIFICATION PERFORMED? mel coco 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enland neture of Injury in Pert I or Pert II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Month, Day, Yeer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) 66 While Not While et work et work 19 20 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward FUNERAL DI 20000 ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 6 EERGER ST. BCato) SOR CREMATORY 040 p REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE A15ME



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05004 The law requires that the death certificate be executed within 24 haurs after death.). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COLINTY o. STATE b. COUNTY Maryland Baltimore Baltimore MARYLAND event, within 72 haurs after b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 yrs. Towson Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? campletely filled in please remove carban papers. R.F.D. 6 Rosewood State Hospital YES NO DE NAME OF Middle DATE Year Lost Doy DECEASED SHELLEY 66 Eileen DEATH (Type or print) Evelvn IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 2-7-36 Female White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? INDUSTRY Dependent

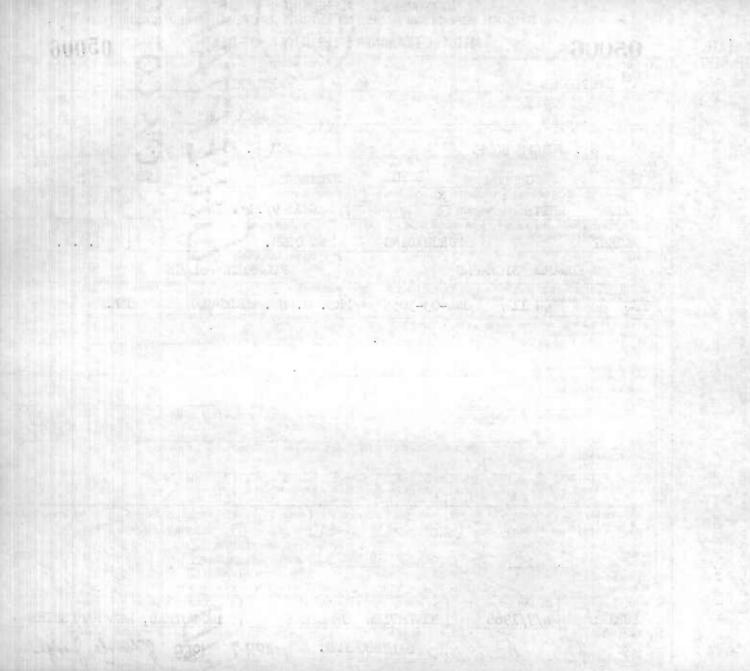
13. FATHER'S NAME Baltimore, Maryland U.S.A. none 14. MOTHER'S MAIDEN NAME or remayal. Dorothy Annabelle Gerwig John Wyse Shelley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Rosewood Records, Owings Mills, Maryland none crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by 1 Page 4 may be retained by the haspital or attending physician. Conditions, if ony, which gove rise to immediate cause (a). stoting the underlying couse prior ta FUNERAL DIRECTOR: After this certificate has been far use as the WAS AUTOPSY PERFORMED? PARTAIL, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While ot work ot work 1966 , that (We) last 21. 1 certify that * (this haspital) attended the deceased fram 6-11 . 1942 ta 1966, and that death accurred at 2:00 M. man causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE (ATTENDING andreu DIRECTOR PHYS. 22d. , ADDRESS 22c. PHYSICIAN'S NAME (Type) 805e director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) timore 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ruck Inc Baltimore. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY STATE Baltimore Maryland MARYLAND c. CITY OR TOWN (If outside corporate Thinks, write RURAL and give nearest town CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b 4407 Highview Ave Baltimore Catonsville vrs lldavs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ve carbon papers event, within 72 4407 HIGHVIEW AVENUE SPRING GROVE STATE HOSPITAL NOK YES letely executed within NAME OF First Middle DATE Month Last Day Year DECEASED V. (Type or print) Carrie DEATH April 19 Shriner 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days | Hours | Min. етоме NEVER MARRIED and WIDOWED DC DIVORCED 8 Female June 23,1880 white and in a 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician requires that the death certificate be ease during most of working life, even If retired) INDUSTRY COUNTRY? Housewife Maryland II.S 13. FATHER'S NAME MOTHER'S MAIDEN NAME EDWARD BROOKS attending phermit. Then гетома XXXXX Brooks Laura BELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. KILLIE E. VEALS, 4407 HIGHVIEW permit. (Yes, no, or unkown) (If yes give war or dates of service) 5 cremation, Records: SPRING GROVE STATE HOSPITAL the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] in signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONIA attending physician. DA IMMEDIATE CAUSE (a) DUE TO SENILIT Conditions, If any, which (b) peen gave rise to immediate DUE TO cause (a), stating prior GENERALIZED ARTERIOSCIEROSIS underlying cause last. (c) 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY this certificate hat detached for use to Dept. of Health Health PERFORMED? NO 🔼 YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work p.m. at work P 21. I certify that 46 (this hospital) attended the deceased from DIRECTOR: and that death occurred at 20PM, from the causes and on the date stated above. 3 sho saw the deceased alive on 22a. SIGNATURE page M.D. PHYS. DIRECTOR TO HOSPITAL PHYSICIAN'S FUNERAL **ADDRESS** TO FUNERAL director, p should be f 22d. NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c. (Specify) 4-5-66 DRUTD RIDGE CEMETERY BALTIMORE, MARYLAND REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. HUBBARD FUNERAL HOME, 4107 WILKENS AVENUE VR AIS

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY a COUNTY o. STATE death. BALTIMORE MARYT.AND MARYLAND b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) SALISBURY TOWSON d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS haurs Office alang with farm ST. JOSEPH HOSP. 201 E. WILLIAM ST. ate YES NO [3. NAME OF First Middle Lost 4 DATE Doy Year DECEASED BOYD 4 19 66 GORDON SICKMUND DEATH (Type or print) S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS and 2-with 7. MARRIED NEVER MARRIED last birthday) Manths 19/21/1914 WHITE MALE WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? PURCHASING CONN. any pages in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil **EDWARD** SICKMUND FLORENCE SLACK and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address This certificate should be executed (Yes, no crunknown) (If yes give war or dates of service) remaval, SAME 044-03-3055 MRS. G. B . SICKMUND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ar IMMEDIATE CAUSE (a) writing the ward crematian, DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse 0 OS burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate. NO F to pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) prior 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d INILIRY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Haur o.m. Not While FUNERAL DIRECTOR: Page at wark at work Inspection . 21. I certify that Llook thorge of the remains described above, held an Autapsy Inquiry | and in my opinion death resulted fram? Suicide_ Undetermined manner Natural causes Accident Homicide director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral O DEPUTY DEPUTY MEDICAL EXAMINER or **EXAMINER'S** 5 may 10 FUNE NAME (Type Address (Street, city, town, or county) 23b. DATE THEREOF 930 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, BARNSTEAD, NEW HAMPSHIRE 4/7/1966 RIVERVIEW CEMETERY 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) SALISBURYMD. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY bon papers. Pages 1 within 72 hours after BALTIMORE MARYLAND MARYLANO BALTIMORE by the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) RUXTON RUXTON .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ed ON A FARM? HOME: 1902 Ruxton Road 1902 Ruxton Road YES NO Y fetely carbon NAME OF Middle Last DATE Month Year DECEASED event, DEATH 24 compl (Type or print) April 19 66 MARJORY CHATTERLEY SMITH 6. COLOR OR RACE | 7. MARRIED X 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNOER 1 YEAR | IFUNDER 24 HRS. Jast birthday) | Months | Oeys | Hours | Min. emove NEVER MARRIEO White Female in any June 28, 1891 WIOOWED **OIVORCED** 1Da, USUAL OCCUPATION (Give kind of work done | 1Db, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INOUSTRY COUNTRY? and New York, New York NONE NONE certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Υ. attending p Harry Chatterley Margaret W. FYFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Box 275 16. SOCIAL SECURITY NO. 17. INFORMANT o death (Yes, no, or unkown) (If yes give war or dates of service) 216-46-2301 Mr. Jas. S. Woodward, Cockeysville, Md. cremation, the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: erebral attriorderose IMMEDIATE CAUSE (a) signed burial-t burial, **OUE TO** Conditions, If any, which (b) been gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. certificate has (c) CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? NO L YES After this cerument of f OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e, PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from FUNERAL DIRECTOR: and that death occurred at / 30 /M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. OATE SIGNED ATTENOING PHYS. DIRECTOR Page 4 may E == 22d. AOORESS PHYSICIAN'S director, p NAME (Type) Eager Street, Balto. Md Fisher. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Apr. 26,1966 Druid Ridge Cemetery Pikesville, Balto.Co. Md. Buria. REC'D BY REGISTRAR 25b. REGISTRAR'S ADORESS 24. FUNERAL DIRECTOR VR A15 (4) Stewart & Mowen Co., 108 W. North Av., Balto.1

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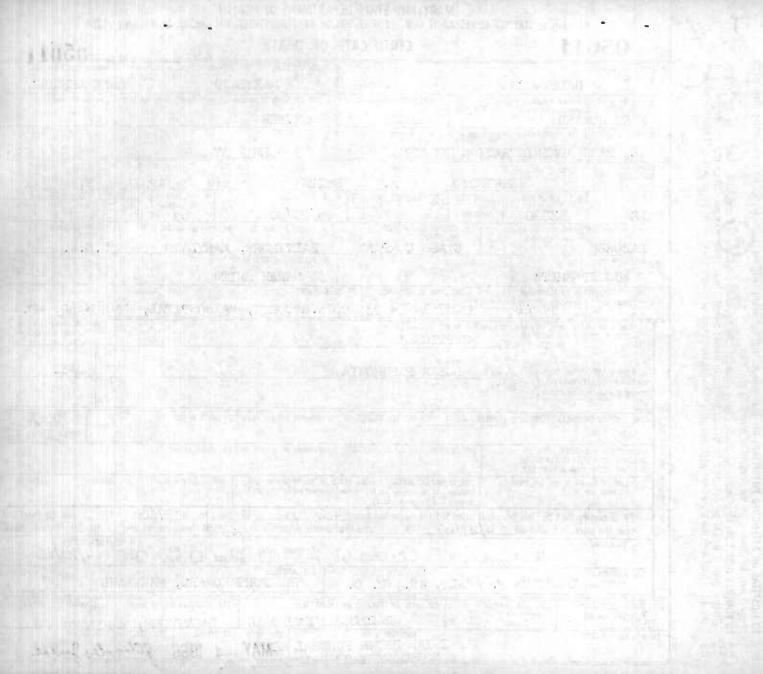
MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) Of Joseph Disers 8 728 Intertified nAPR 19 1966 Icharles Judge		VR	A15 (4)	-		es Judge	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05011 CERTIFICATE OF DEATH executed within 24 hours after death pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission completely filled in by the funeral ave carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY BALTIMORE ANNE ARUNDEL MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give neorest town) FORT HOWARD 1 DAY SEVERN ban papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL YES NO X DELMAR AVENUE 3. NAME OF Middle DATE First Lost Month Doy Year DECEASED WARRINGTON SMITH (Type or print) A. DEATH APRIL 19 66 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED Months Doys Hours 6/20/00 MALE NEGRO WIDOWED DIVORCED 65 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY COUNTRY?** LABORER GLASS COMPANY BALTIMORE, MARYLAND II.S.A requires that the death certificate attending physical 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal AUGUST SMITH SARAH SMITH 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, no or unknown) (If yes give wor or dates of service) 087 10 34 93 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SEPTICEMIA IMMEDIATE CAUSE (o) DUF TO burial, Conditions, if ony, which gove DAYS LOBAR PNEUMONIA rise to immediate couse (a). DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? use CERTIFICATION YES X NO the hospital ar Į į 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH at o detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Yeor (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (*) (this haspital) attended the deceased fram 4/26/66 _____ ta 4/27/66 . 19 . that (b) (we) last . 19_ be retained saw the deceased alive an 4/27/66 19_ and that death accurred at 5. 201M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** 4/28/66 Clevel Bus 22d. ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND NAME (Type) LAWRENCE F. AWALT, JR., M. D. directar, should b 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS ISIAH BROWN FUNERAL VR A15 (4) 1966 MONTGOMERY ST BALTIMORE,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05012 CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore a. STATE b. COUNTY 24 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. 172 hours lowson Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within A s Hospital NO X YES ___ executed within etely poq 3. NAME OF Middle Last DATE Month DECEASED Mae (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I Davs Hours | WIDOWED C DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired)
Netured Bookeeper INDUSTRY COUNTRY? irainia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hutchinson dward W. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-tr burial, DUE TO Cenditions, If any, which been gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be ATTENDING at work at work should 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on (M, from the causes and on the date stated above. and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED filed ATTENDING M.D. PHYS. DIRECTOR PHYS. director, page should be fill O HOSPITAL PHYSICIAN'S 22d. ADDRESS NAME (Type) (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) Balto. National Balto., Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1/65

I 0.3.20 John W. Miller Land of Maleighan illo-1,-, in the second of the Down of the Billion Balto. Fetting Balto. 1916. in the recognition, were successful attended to the product of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05013 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALTIMORE MARYIAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) FORT HOWARD 14 DAYS BALTIMORE - 21215 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 VETERANS ADMINISTRATION HOSPITAL 3702 Dolfield Avenue NO [3. NAME OF Middle First 4. DATE Month Year Doy DECEASED 1966 MALLITW R. SNOWDEN APRIL (Type or print) DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birmdoy) Months Dovs Hours MALE NEGRO WIDOWED DIVORCED May 11, 1929 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY U.S.A. STEEL COMPANY BALTIMORE, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal. WILLIAM E. SNOWDEN IORETTA DEIDA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no prunknown) (If yes give war or dates of service) 22 1078 212 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit PNEUMONIA WITH PULMONARY CONGESTION AND EDEMA BIONSET AND COMMENT PART I. DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (o) DUE TO PULMONARY INFARCTION LEFT LOWER LOBE RECENT Conditions, if ony, which gove rise to immediate couse (o), OKCHRENC stoting the underlying couse as the be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been MYOCARDIAL INFARCTION WITH INTRA MURAL THROMBUS UNKNOWN lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION far use the State Dept. of Health YES X NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office blda.. etc.) Not While ot work 3/22/66 4/5/66 21. I certify that (M) (this haspital) attended the deceased fram. 5/66 and that death accurred at 6:15AM, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 4/5/66 M.D. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GEORGE DUDAS. M. D. VAH FORT HOWARD, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify)
BURIAL BALTIMORE, MD. BALTIMORE . NATIONAL 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DYETT FUNERA VR A15 (4) Mcharles 20 M 1/66 1701 Laurens St. Baltimore, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove barbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OSO14 CERTIFICATE OF DEATH							
1.	PLACE DF DEATH a. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY DA LTO						
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2/2 5. 5/MINGTON AVE.	d. STREET ADDRESS 2125. SYMINGTON AVE. 9. IS RESIDENCE DN A FARM? YES ND						
		Last 4. DATE Month Day Year DF DEATH APRIL 27 1966						
5.	MIDOWED DIVORCED	8. DATE OF BIRTH DEC. 8,1898 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.						
dı	AB. USUAL OCCUPATION (Give kind of work done INDUSTRY A COUNTANT RET. C.+P. Co.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?						
	FATHER'S NAME TO HN A.	14. MOTHER'S MAIDEN NAME SARAHT.						
()	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or annown) (If yes give war or dates of service) (17.	Address Stalling - 2/2 Symmetin are						
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerulary wasce	ular accident ONSET AND DEATH						
	Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	* ASEVD 20 grs						
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
	2Da. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)						
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE 2De. P	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bldg., etc.)						
	21. I certify that (I) (this hospital) attended the deceased from 1964, to 1964, to 1964 that (I) (we) last saw the deceased alive on 1966, and that death occurred at 1967, from the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF 122b. DATE SIGNED 122c. STAFF 122b. DATE SIGNED 122c. DA							
-	22c. PHYSICIAN'S NAME (Type) TAMES, E. ROWE	22d. ADDRESS Batts. Natt like 21228						
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 4-30-CC	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05016 The law requires that the death certificate be executed within 24 haurs after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and a. COUNTY o. STATE h. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RIIRAL and give nearest town)

FORT HOWARD c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b 2 Davs Baltimore papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) 1613 Lorman Court Veterans Administration Hospital YES NO X NAME OF DECEASED First Middle Last 4 DATE Day Year 66 George Albert Stevenson 19 DEATH (Type or print) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR birthday) Months Doys Hours 5/21/23 Male Negro WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)

Meat Cutter INDUSTRY Grocery Store Halethorpe, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Frances Jackson Elmer Stevenson 17. INFORMANT Clinical Records Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. ar unknawn) (If yes give war or dates af service) 219 12 63 81 V.A. Hospital, Ft. Howard, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I, DEATH WAS CAUSED BY: RESPIRATORY FAILURE IMMEDIATE CAUSE (a) DUE TO CEREBRAL HEMORRHAGE LEFT SIDE AND CEREBRAL EDEMA 20 MINUTES Canditians, if ony, which gave (b) rise ta immediate cause (a). DUE TO stating the underlying cause be retained by the hospital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ASPTRATION PNEUMONIA BOTH LOWER LOBES, 1 5 DAYS far use Health NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Haur o.m. Not While 19 65 ta 4/21 19 66 that (we) last 21. I certify that (this haspital) attended the deceased fram 14/19 19 66, and that death accurred at 1:20 MM rom causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. X ATTENDING 4/21/66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S JORGE A. FABARA, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) directar, shauld be 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 4/26/66 BALTIMORE NATIONAL BALTIMORE, MD. FUNERAL HOME 250. APRY REGISTRAR 1966 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR harlen VR A15 (4) 20 M 1/66 3035 W. NORTH AVE. BAITIMORE, MD

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funer PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY l timore b. COUNTY Ma Fy Fand hours after the MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 21234 owson = bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? 3202 Texas Ave. St. Joseph Hospital NO YES within etely carbon 3. NAME OF First Middie DATE Month Day Year DECEASED Strack, fr. Edward 22 April 66 (Type or print) len DEATH Dmp 19 executed 5. SEX 6. CDLDR DR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. a male , last birthday) white Months | Days Hours remo WIDDWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | physician en please 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT 10b. KIND DF BUSINESS OR be A&P Food during most of working life, even if retired) COUNTRY? Store emplouee death certificate 13. FATHER'S NAME removal. MOTHER'S MAIDEN NAME attending ph ermit. Then Strack mma Abbeu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ned by the attence il-transit permit. 16. SDCIAL SECURITY ND. Address (Yes. no. or unkown) (If ves give war or dates of service) Anna M. same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH Metastatic Ca. PART I, DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) signed burial-t DUE TO Cenditions, If any, which peen gave rise to immediate the c DUE TD cause (a), stating the prior underlying cause last. as ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES T ND DO PHYSICIAN: this cerum detached fo 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) State factory, street, office bldg., etc.) Hour a.m. Not While After at work p.m. at work P 21. I certify that (I) (this hospital) attended the degrased from , that (I) (we) last to. DIRECTOR: age 3 should iled with the saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page STAFF PHYS. April 22 1966 PHYS. DIRECTOR M.D. O HOSPITAL PHYSICIAN'S NAME (Type) 22d. ADDRESS O FUNERAL director, p Paul Antony Baltimore, Md 21204 7620 York Rd BURIAL, CREMATION, 23b. DATE THEREDER REMOVAL (Specify) LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) 4-26-66 burial REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR VR AIS 20M

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ESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, wrife RURAL and give nearest town) write RURAL and give nearest town) .57 executed within filled d. NAME OF HOSPIFAL OR INSTITUTION (if not in hospital, give statet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO D rbon papers. within 72 ho 3. NAME OF First Middle Last DATE 4. Month Dev Year DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Deys Hours DIVORCED WIDOWED [physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address [Yes, no, or unkown) | (If yes give war or datas of sarvice) 1B. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN δ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, affending Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. (c) Dur hospital or certificate I PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CATION 30 PERFORMED? prior YES NO T use 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) for OP. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) While Not While ŏ Hour a.m. at work 19 at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deteased from...... to. saw the deceased alive on Le DATE 22a. SIGNATURE 22b. ATTENDING SIGNED PHYS. DIRECTOR death. Page 4 M.D. HOSPITAL page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (State) REMOVAL (Specify) 0 5 2 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4]

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN OSO19 CERTIFICATE OF DEATH	D 1 D						
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence befor	re admission						
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	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	arest town						
	Aero Acres rual 20yrs Areo Acres rual 03-	/						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 908 Cord Street 908 Cord Street #20 908 Cord Street #20	RESIDENC A FARM?						
3.	NAME OF First Middle Last 4. DATE Month Day	Year						
	DECEASED (Type or print) Charles Edward Stumpf DEATH 4 18	19 66						
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF	NDER 24 HR						
	Male White WIDOWED DIVORCED 9-1, 1901 64 yrs.							
10 du	Da. USUAL OCCUPATION (Cive kind of work done Industry) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF W							
12	Driver Arundel Corp. Carroll Co. Maryland U.S.A.	1.						
10	M*. 1 (1) 1 TO 0	4,						
15	Henry Stumpf 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	J						
(Y	(es, no, or unkown) (If yes give war or dates of service) No 216-07-5358							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	BETWEEN ND DEATH						
	PART I. DEATH WAS CAUSED BY: Covering Vancular Thrology's							
	332X DUE TO							
	conditions, if any, which gave rise to immediate (b) Antoniosclerosi's							
	cause (a), stating the DUE TO							
NO	underlying cause last. (c) (C							
CERTIFICATION	YES T	FORMED?						
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 At Work a	(State)						
2	21. I certify that (I) (this hospital) attended the deceased from August, 1945, to April 16, 1946, that (I) (we) last							
	saw the deceased alive on march 17 1966, and that death occurred at 5 P.M. from the causes and on the date stated above.							
	22a. SICNATURE 22b. DATE SICNED							
	M.D. PHYS. DIRECTOR PHYS. 1/18/64							
	PHYSICIAN'S NAME (Type) SAMUEL STERN 22d. ADDRESS Road Ballo, md.							
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)						
		d.						
2	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATUR	E						
V	tassaly Juneal Jon 7401 Below Road OAPR 20 1966 Charles Jude	2						

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY BALTIMORE b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) filled in rers. Pass hours a c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Attimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 MEDICAL 323 West 27th Street YES No X letely rbon p PHYSICIAN: The law requires that the death certificate be executed within NAME DF DECEASED 3. First Middle Last 4. DATE Month Day Year DFATH FDWARD (Type or print) 1966 amy eve SEX remove 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Oavs WIDOWED [DIVORCED physician n please r = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Harford Signal Dept. (Ret'd) B & O R.R. Co. Maryland U.S.A. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeremiah Sullivan Helen. Haviland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attenctransit permit. Address (Yes, no, or unkown) (If yes give war or dates of service) 705-07-4951 Mrs. Mary M. Sullivan 323 West 27th St. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, cremati INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). EMORRHAGIC or attending physician. 18 HOURS IDERMOID CARCINOMA OF ESOPHAGOUS Conditions, if any, which gave rise to immediate BLEEDING DUE TO cause (a), stating the underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. certificate h hed for use t. of Health p PERFORMED? CERTIFICATI ARTERIOSCLEROTIC HEART DISEASE & ATRIAL FIBRILLATION NO X the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After Id be o PITAL OR ATTENDING 4 may be retained by p.m. at work at work DIRECTOR: A age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at I AM. from the causes and on the date stated above. saw the deceased alive on 1966 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED DIRECTOR PHYS. FUNERAL PHYSICIAN'S 22d. ADDRESS director, p BALTO. MED, CENTER BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial April 11,19 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. April 11,1966 Moreland Mem. Park Baltimore Co. Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks, Inc. 1217 St. Paul Street VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 safter r b. COUNTY Baltimore Maryland MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Lutherville 21093 프 Baltimore bon papers. within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 228 Division Ave. St. Joseph Hospital NO YES within etely carbon 3. NAME OF Middle Last DATE Month Oay Year DECEASED Veronica E. (Type or print) du Sweenev DEATH 19 66 April executed 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR || FUNDER 24 HRS. last birthday) | Months | Oavs Hours Female White WIDOWED X Sept. 13, 1898 DIVORCED 67 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) COUNTRY? A. and Baltimore, Maryland Homemaker certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending ph ermit. Then remova Charles Hirsch Petronella Nellie Buck transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) 212-05-4415 William Shammon, Jr. Same as \$ 2 the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH transi PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral pneumonia. attending physician. signed 9 been 3, burla, burla, DUF TO Arteriosclerotic cardiovascular disease. Conditions. If any, which gave rise to immediate OUE TO cause (a), stating the underlying cause last. SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use or use Health PERFORMED? certificate the hospital or YES X NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certification detached fr 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) Hour a.m. factory, street, office bldg., etc.) While Not While ATTENDING at work at work retained 1966 to April 0 should ith the April 6. 8 . . 19 66. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 66, and that death occurred at 1 P.M. from the causes and on the date stated above. April 8. saw the deceased alive on 19 SIGNATURE 22b. DATE SIGNED ATTENOING MFD. X April 8, 1966 PHYS. M.O. **OIRECTOR** PHYS. HOSPITAL age 4 may тау Da FUNERAL PHYSICIAN'S 22d. AODRESS lirector, p NAME (Type) D.R. Govinda Rao. M.D. 7620 York Rd., Baltimore, Md. 21204 should 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF Parkyille Balt, County, Md.

REC'O BY REGISTRAR 255. REGISTRAR'S SIGNATURE 5 p Burial (Specify) Apr. 11..1966 Moreland Memorial Park FUNERAL OIRECTOR **ADORESS** 25a. Cook-Brooks Towson, 1050 York VR A15 (4) 1966 Johnster Judge 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY \$ 0 t altimore Baltimore MARYLAND by th deat b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)

Eastpoint 5 after within Eastpoint filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) hours d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely 8030 Eastdele Rd papers. 8030 Eastdale YES NO 72 NAME OF 4. DATE Middla Month Dev Year DECEASED within (Type or print) MILDRED DEATH MAR SWIGER April 19 66 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthdey) Months in any event, Hours Female White WIDOWED DIVORCED Apr 11 physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Work At Home House Virginia U. S. A. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pue Nanny Then loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detas of service) PHYSICIAM. the hospital or attending physician. Fred Swiger Same 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Whar cremation IMMEDIATE CAUSE (a) burial-transit DUE TO The law Conditions, if any, which gave rise to immediate cause burial DUE TO (a), steting the underlying the couse fest. After this certificate Se PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 9 CERTIFICATION PERFORMED? prior for use NO W 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Health OR CONTRIBUTING IT CAUSE OF DEATH DIRECTOR: After the should be detached ATTENDING be retained by (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Year 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, ! 2Df. (City or town) (County) (Stata) ě While Not While fectory, street, office bldg., etc. Hour a.m. Dept. at work et work p.m. 1966 21. I certify that (I) (this hospital), attended the deceased from to....., 19...., that (I) (ass) last State mt 23 1966, and that death occurred at saw the deceased alive on...... OR may 22a. SIGNATURE 22b. DATE TO FUNERAL 1 director, page 3 be filed with the ATTENDING SIGNED TO HOSPITAL PHYS. DIRECTOR PHYS. Page M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Maplewood Cemetery Buria Elkins REC'D BY REGISTRAR | 256, REGISTRAR'S FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bal to. 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death, and 2 PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b_COUNTY by the financial Pages 1 urs after Baltimore County MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Wilson .⊑ Mount papers. in 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Mount Wilson State Hospital NO YES executed within completely carbon NAME OF Middle DATE Month Last Day Year 4. DECEASED DF DEATH event, (Type or print) 19 66 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist pirthday) | Months | Days | Hours | Min. 7. MARRIED remove NEVER MARRIED Days and any WIDOWED DIVORCED T attending physician a ermit. Then please re .= 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT PLACE (County & State, or foreign country) þe during most of working life, even if retired) INDUSTRY Hayaa 0 death certificate 13. FATHER'S NAG MAIDEN NAME in signed by the attend burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) (If yespive war of dates of service) son State osp. records INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that use retained by the hospital or attending physician. MR GEAR IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) peen gave rise to immediate the DUE TO cause (a), stating the as th underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO X YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b/) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached Dept. of MEDICAL DIRECTOR: After this age 3 should be deta filed with the State De 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m 21. I certify that (i) (this hospital) attended the deceased from that (I) (we) last PM. from the causes and on the date stated above. and that death occurred at J saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page . Comer M.D. PHYS. DIRECTOR Page 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) Wilson, Superintendent Mount iam Newcomer. Maryland BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Soecify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial 4/15/66 Baltimore National 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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	1 4	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
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	y filled papers hin 72 h	St. Joseph's Hospital 3215 Orlando Ave.					
The law requires that the death certificate be executed within	thou with	NAME DF First Middle Last 4. DATE Month Oay Year DECEASED ////					
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e e		Da. USUAL OCCUPATION (Give kind of work done Industry) 12. CITIZEN OF WHAT USUAL OCCUPATION (Give kind of work done Industry) 12. CITIZEN OF WHAT COUNTRY?					
ate	\$5a_	Ret Superintendent Stevedore New York USA 3. FATHER'S NAME					
rtific	200	Theodore Swirdowich Lenora Macushevic					
e H		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service)					
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the	Z E	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREVAL BETWEL ONSET AND DEAT PREVAL BETWEL ONSET AND DEAT					
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	ertificate hed for use of Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO. 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COUNTRIBUTING COUNTRIBUTION COUNTRIBUTING COUNTRI					
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PHYS	this this the	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State					
N A	After After d be d e State						
TEND		21. I certify that (I) (this hospital) attended the deceased from 1/11/66, 19, to 1/12/66, 19, that (I) (we) saw the deceased alive on 1/12/66, 19, and that death occurred at 1 m, from the causes and on the date stated above.					
OR AT	RECT 3 st 1 with	22a. SIGNATURE 22b. OATE SIGNED					
AL O	RAL DII	M.O. PHYS. M.O. PHYS. MED. STAFF 4/12/66					
TIAS	NERA Id be	NAME (Type) Hugh J. Welch, M. D. 1205 N. Calvert St., Baltimore, Md					
TO HOSPITAL	rage 4 may be retained for FUNERAL DIRECTOR. director, page 3 should be filed with the	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
F	F	burial 4-15-66 Holy Redeemer (em. Baltimore, Md. ADDRESS (25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
VR	A15 (4)	Leonard J. Ruck Inc Baltimore, Md. DAPR 14 1966 Icharles Judge					

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carboy papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE DF DEA	TH				stitution: Residence before admission)					
	Baltimore	MARYLAN	a. STATE M	aryland b. cour	Baltimore					
b. CITY OR TO write RURA	WN (If outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, wr	rite RURAL and give nearest town)					
Caton	sville	lmth2ldys	Towson		121					
d. NAME OF H	OSPITAL OR INSTITUTION (if not in	n hospital, give street addre	ess) d. STREET ADDRES	S	e. IS RESIDENCE ON A FARM?					
SPRING G	ROVE STATE HOSPI	FAL	700 Sea	brook Court	YES NO 🖾					
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day Year					
(Type or print)			Taseff	DEATH Apri	1 6 19 66					
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.					
male	white WIDOW		Dec. 5.18							
10a. USUAL OCCUPA during most of wor	ATION (Give kind of work done 1Db king life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?					
MARKIONA	Self-Employed	- Restauran	t Macedon	nia.Yugoslavia						
13. FATHER'S NA	ME		14. MOTHER'S MA		TOWN THE STATE OF					
unknown				nown						
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)		17. INFORMANT	Addre	SS					
No		284-03-8205	Records: SPR	ING GROVE STATE	HOSPITAL					
	DEATH [Enter only one cause pe	er line for (a), (b), and (c).]	297	THE PARTY	INTERVAL BETWEEN ONSET AND DEATH					
PART I. I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia									
450	4500 DUE TO									
	Conditions, If any, which) Generalized arteriosclerosis									
gave rise to										
underlying cau										
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT F	RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN	PART1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO					
PART II. OTHER 20a. ACCIDEN OR CONTRIBU (IF EITHER, N	T WAS UNDERLYING [20b. TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	OCCURRED. (Enter nature	of injury in Part I or Part II o	of Item 18.)					
정 2Dc. TIME OF	INJURY Month, Day, Year 2Dd	I. INJURY OCCURRED 2De.	PLACE OF INJURY (Home,	farm, 20f. (City or town)	(County) (State)					
2Dc. TIME OF Hour a	.m. Wh	IIO MOT WALLS	actory, street, office bldg.	, etc.)						
	ify that 31) (this hospital) atte		Jan. 14	19.66 to April 6	, 1966, that XI) (we) last					
	eceased alive on Apri	1 6 1966, and	that death occurred at	M. from the causes	and on the date stated above.					
22a. SIGNATI	URE A	/		a.	22b. DATE SIGNED					
	Sulla	wachster	M.D. PHYS.	MED. STAFF PHYS.	4-6-66					
22c. PHYSIC NAME (IAN'S		22d. ADDRESS		ATE HOSPITAL					
TOAME (Stella Wac	hsler, M.D.		Baltimore, Mary	land 21228					
23a. BURIAL, CRE REMOVAL (S	MATION, 23b. DATE THEREOF	23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City, to	own or county) (State)					
Burial	11/9/1966	St. Theodo	sius	Brooklyn	Ohio					
24. FUNERAL DIF H.W. Jenk		ADDRESS 4905 York		EC'D BY REGISTRAR 25b. R	Clianles Judge					
II aw a b OIIN	E	alto 12. Ma	Road DATEA	PR 7 1966 /	and had					

VR A15 (4) 2DM 1/65 ISH 3 I Little 2 Late and Lat The section of the control of the section of the se Production S Light State of the Control of the Co Maryler 19 19 19 Again V. 39 America Survey and Total Control of the State of the Control of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Harford Maryland Baltimore MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours Bel/Air/ Meryland Forest Hill Limth 18dvs Catons ville Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? Harford Gonwalescent STATE GROVE HOSPITAL YES NO X within etely NAME OF First Last Month Year Middle DATE Oav DECEASED W. Thomas comple Jane (Type or print) DEATH April 7 1966 tecuted 5. SEX 6. COLOR OR RACE 8 OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Qays | Hours | Min. 7. MARRIED NEVER MARRIED Months I Oavs June 11.1883 WIDOWED T DIVORCED female 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) COUNTRY? companion - dietician Marvland U. S. nursing 13. FATHER'S NAME certificat 14. MOTHER'S MAIDEN NAME attending ph ermit. Then remova unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent 0 death (Yes, no, or unkown) | (If yes give war or dates of service) cremation. 204-18-6588 Records: SPRING GRO VE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: wills IMMEDIATE CAUSE (a) signed burial-t **OUE TO** Cenditions, If any, which gave rise to immediate as the prior to **OUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO F 0 20a. ACCIDENT WAS UNDERLYING PHYSICIAN: OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1966, that (I) (we) last 21. I certify that 30 (this hospital) attended the deceased from OIRECTOR: and that death occurred at 200 M. from the causes and on the date stated above. saw the deceased alive on 3 sho 22b. DATE SIGNED 22a. SIGNATURE Apr.2.1966 DIRECTOR HOSPITAL TO FUNERAL PHYSICIAN'S 22c. 22d. AODRESS SPRING GROVE should be FORGE RODON director, Baltimore, Maryland 21 228 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Be] urial Bel 25a. REC'O BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AODRESS Delta Penna. VR ALS 20M 1/65

THE RESERVE OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05027 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O. COUNTY BALTIMORE 3 to Poge a. STATE of MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond write RURAL and give nearest tawn) DOA TOWSON DUNDALK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Give Pages ST. JOSEPH HOSPITAL 8211 NORTHVIEW ROAD NO X NAME OF First Last 4. DATE Doy Year DECEASED OF JULIUS ALFRED (Type or print) THOMPSON 1966 DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED IF UNDER 24 HRS NEVER MARRIED Item 18. lost birthdoy) Months Doys Haurs WIDOWED DIVORCED Office MALE WHITE 1/29/14 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages I ELECTRONIC MFGR.NEW YORK Exominer's INSPECTOR USA pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pup OLAF THOMPSON ADELINE NELSON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAT SECURITY NO. 17. INFORMANT Address AS IN to the Chief Medical permit. removol, (Yes, no, or unknown) (If yes give wor or dotes of service pending" 86019601 EDITH STERLING THOMPSON ABOVE NO1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY 0 7727 IMMEDIATE CAUSE (o mation, This certificate should the word DUF TO Canditians, if any, which gave rise to immediate couse (a), DUE TO Cre stoting the underlying couse forwarded writing 00 last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? pe 0 YES NO should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II af item 1B.) 3 should ogent, prior PRIMARY ar CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. While Nat While foctory, street, office bldg., etc.) at wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy may be retained for FUNERAL DIRECTOR: Inspection -Inquiry and in my apinian death resulted frame the funerol director. Natural causes Accident Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Heolth NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BALTIMORE, CO., MD. GARDENS OF FAITH 11/6/66 ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE BRADLEY, DUNDALK. MD. Mayler Judge

acu.		
BONICIAN	SSSIS LINE CONTRACTOR OF THE STATE OF THE ST	
	MOAGAUG PO AGG	
		at James eco. 1 gu
SALU	ABOX WAR, NEWN DISCHIDENT	Aprovachi
t at sa	SOLIES BUTTHER	CIAS RECRUSCO
RYCEA	Alegania intimata milaz 10001000	on.
	Samuel Brown and Market Street	
	DIC 27 A4 TO GREEN TO SECOND	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

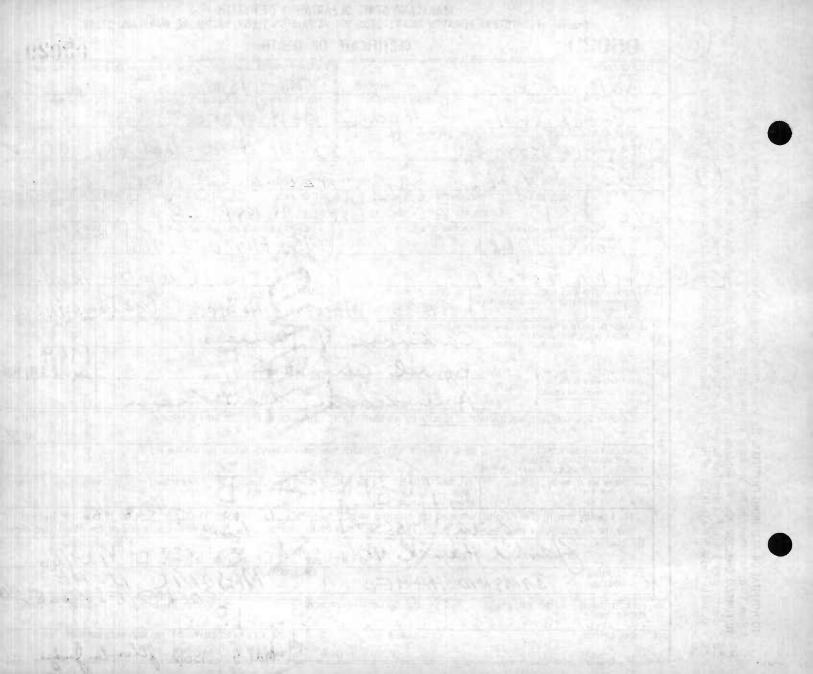
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
05028	CERTIFICATE OF DEATH	05028

1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Re- O., STATE A b. COUNKY	sidence before admission)
Baltimore County MARYLAND	Maryland Anne Arund	el J
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
Mount Wilson	Annapolis	12-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
Mount Wilson State Hospital	25 Larkins St.	ON A FARM? YES NO
3. NAME OF First Middle	Last 4. DATE Month	Oay Year
(Type or print) Eugene	Tiguman DEATH 4	24 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months (
WIDOWED DIVORCED	10. 29.88 77 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		IZEN OF WHAT
Waterman Waterman	Maryland	U.S. A -
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Eugene Tilshman	Mary Boston	
	INFORMANT Address	
no Hos	p.records, Mt.Wilson State	Hospital
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pumonary tu	berculosis	Sept 156
0021 DUE TO		
Conditions, If any, which (b)		
gave rise to immediate (
cause (a), stating the DUE TO underlying cause last. (c)		
	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Arteriosleratic cardiovascular disease		PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Pert I or Part II of Item 18.)	3 110000
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (Coun	ity) (State)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT Arterics lends candidate discussions and according to the contributing of the contributing of the contributing of cause of death (if either, notify medical examiner) 20c. Time of injury month, Day, Year 20d. Injury occurred law in the contribution of	y, street, office bldg., etc.)	ity) (State)
21. I certify that (I) (this hospital) attended the deceased from	4-14-1966 to 4-24-1966	that (I) (we) last
	death occurred at 27AM, from the causes and on the	e date stated above.
22a. SIGNATŲRE		TE SIGNED
Mincomer M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	-24-66
22c. PHYSICIAN'S	22d. ADDRESS	
Wm. MMeWeomer, M.D., Superintendent	Mount Wilson, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or cour	nty) (state)
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
William Beese # Chunal	L- DATMAY 2 1968 gCharle	1 1 A

That | not confidence | ball | thook The Course of th had being on, Teroner, M.D., Super in endant | Houst william, Marylined

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05029 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. puo and completely filled in by the funeral remove carbon papers. Pages 1 and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY h COUNTY TIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (H butside carparate limits, write RURAL and give nearest tawn) write RYRAL and give nearest town) mor d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? tom YES 🗌 NO C NAME OF E N Middle DATE First Last Day Year DECEASED 0F event EUlle (Type or print) DEATH 19 66 SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In (years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Haurs Dovs in ony Z WIDOWED DIVORCED yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT pleose during most of working life, even if retired) INDUSTRY COUNTRY? physicion touse we 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phys WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT orunknawn) (If yes give war ar dates af service) 0 Cocke INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO buriol. Conditions, if any, which gave rise to immediate cause (a). DUF TO prior to stating the underlying cause hos been the SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Health NO YES O FUNERAL DIRECTOR: After this certificate Por 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) Hour o.m. Nat While foctory, street, affice blda., etc.) at work at work Poge 4 may be retoined by 8. 19.66 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 1960 to 10 10 12 pluods 1966, and that death occurred at 200M, fram causes and an the date stated obove. saw the deceased alive an Acrost 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** V DIRECTOR PHYS director, poge should be filed PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION REMOVAL (Specify) MAY 2, 1966 BALTIMORE BURIAL PARK Wood CEMETERY 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) YURK Rd 1050 20 M 1/66 Cook - BROOKS LOWSON

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05030 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Marvland 40 death. Baltimore MARYLAND delay and 3 t partment b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)
Baltimore-rural Pa c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, and PM3. F after Baltimore-rural Parkton Parkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Deg haurs ON A FARM? Stabler Church Rd. Stabler Church Rd. Item 18. Give Pages ate X NO after death. 3. NAME OF First Middle 4 DATE Lost Month DECEASED the John Turnbaugh 28 within Llovd (Type or print) DEATH 66 S. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours WIDOWED DIVORCED haurs white male Sept. 11.1937 28 yrs. 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? any Highway Dept. Bentley Springs,
14. MOTHER'S MAIDEN NAME Laborer farwarded to the Chief Medical Examiner 13. FATHER'S NAME pencil within -William Turnbaugh Mearl Taylor pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address executed permit. remaval, (Yes, no, or unknown) (If yes give wor or dotes of service) 7145 Mrs. Alice Turnbaugh. Parkton. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH shauld be 10 Cerebral concussion and fracture of maxilla IMMEDIATE CAUSE (o) _ writing the ward cremation, DAISCING and nose Conditions, if ony, which gove rise to immediate couse (a). DUE TO certificate stoting the underlying couse 0 gp burial, nsed WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate, YES NO ta pe shauld be 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) priar shauld AL EXAMINER: CAUSE OF DEATH. beaten about head 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page 28 1966 Balto. Md. ot work ot work house the funeral director. Page designated 21. I certify that I taak charge of the remains described above, held an Autapsy [X]. 0 Inspection Inquiry and in my apinian death resulted fram: Hamicide X Undetermined manner Natural causes Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 4/29/66 DEPUTY MEDICAL FXAMINER **EXAMINER'S** Health NAME (Type Werner U. Spitz, M.D. Address (Street, city, town, or county) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 Burial (Specify) Mt. Zion Cemeterv 1966 Freeland. Md. REC'D BY REGISTRAR 1966 VR A15ME (5) 6M 1/66

MAY 2 1968 PERSONAL BERNE

UV_				RESEARC	H AND RECORDS, 30	OI W. PRESTON STRE	EET, BALTIMORE, MARYI	AND 21201	
ATE	1	05031		MEDICA	AL EXAMINER'S	CERTIFICATE O	F DEATH		05031
DERTIVE		PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE	Where deceosed lived, if institut		efore odmission)
₽ +		BA	LTIMORE		MARYLAND	o. STATE Ma	ryland b. COU	Balti	more
death.		b. CITY OR TOWN (If	outside corporate limits,	C.	LENGTH OF STAY IN 16		utside corporate limits, write RUI		
Departmrs after		write RURAL ond o	iltimore-rura	1		Ra	ltimore-rural	Catons	avi 110
. 0			OR INSTITUTION (If not in h		street oddress)	d. STREET ADDRESS	ICIMOTE-IUIAI	ORUUIIS	e. IS RESIDENCE ON A FARM?
DOURS	pl)	19	28 Frederick	Rd.		19:	28 Frederick R	d.	YES NO
7		NAME OF	First		Middle	Lost	4. DATE Mont	th [Doy Year
		DECEASED (Type or print)	GORDON		PHILLIP	VALLOTTON	OF DEATH Apr	il 2	2 19 66
	5.	SEX	6. COLOR OR RACE 7. M	ARRIED A	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
		lale		DOWED	DIVORCED	April 10, 18	98 lost birthdoy) 68 yrs.	Months Doy	ys Hours Min.
	100	USUAL OCCUPATION (Give kind of work done	10b. KIND (OF BUSINESS OR	11. BIRTHPLACE (Stote		12. CITIZEN	OF WHAT
	Bi	ng most of working life	ntractor	INDUST	KI	Canada		COUNTR	U.S.A.
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME		
			is Vallotton				Jomni		
			IN U.S. ARMED FORCES? If yes give wor or dotes of servi	16. SOCI	AL SECURITY NO. 17.	INFORMANT	Addre	255	
		No	. 100 give were en deles et seive]	Donald J. Va	llotton		
במוומן, נופווומווי, מי ופוווסענו,		IB. CAUSE OF DEA	TH (Enter only one couse per WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH
		G 3	IMMEDIATE CAUSE (o)	Gunsho	t wound of h	read			ONSET AND DEATH
		7/62	DUE TO						
		Conditions, if ony, w	couse (a)						
		stoting the underly	ring couse DUE TO						
		last.) (c) _						
d	NO	PART II. OTHER SIGN	NIFICANT CONDITIONS CONTRI	BUTING TO DI	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED?
2	S	OO CYTEDALA CALL	T was						YES X NO
	CERTIFICATION	20o. EXTERNAL CAUS PRIMARY ☐ For CONT	RIBUTING		t self in he		Port I or Port II of item IB.)		
		CAUSE OF DEATH. 20c. TIME OF INJURY	V Marik Day Van			ACE OF INJURY (Home, form	a. 20f. (City or town)	(County)	(Stote)
	MEDICAL	Hour o.m.		While	New While	tory, street, office bldg., etc.)		(17	(/
		? p.m.	4- 1966	ot work L		home	Balto.	Ba1	
			that I taok charge of				Inspection, Inqu	. —	and in my apinian
		death resulted	d frame: Natural cau	ises [,	Accident	cide 🔯, Hamicide		anner []	
		ACTUAL	VIXIE	(u.	Mas	CHIEF MEDICAL	ICAL EXAMINER S		22. DATE SIGNED
0		SIGNATURE	NO	00017	701000	M.D. ASSISTANT MED DEPUTY MEDICA			1. 02 ((
d		EXAMINER'S NAME (Type)	Rudiger Br	eitene	cker, M.D.		t, city, town, or county)		4-23-66
	230	BURIAL CREMATION			3c. NAME OF CEMETERY OR		23d. LOCATION (City or Tox	wn) (Coul	inty) (Stote)
		REMOVAL (Specify)	April 26.	1966	Lorraine	Cemetery	Baltimore (Co.	Md.
0	24	FUNERAL DIRECTOR			ADDRESS	2So. RECI	RY REGISTRAR 255 PE	Clarie	
Y	1	R S Mac	Nahh 201	Frede	erick Rd. 21	228 N. AP	R 2.5 1966 /	march	1 Juoge

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Baltimore a. STATE Maryland b. COUNTY after Baltimore by the Pages 1 MARYLAND b. CITY DR TOWN (if outside corporate limits. C. LENCTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Edgemere 37 years 5 Edgemere bon papers. within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3009 Ritchie Avenue 3009 Ritchie Avenue. NOON YES within etely completely ve carbon NAME DF First Middle DATE Month 4. Day Year DECEASED event, JOSEF (Joseph) VICEN (Vincent) April (Type or print) DEATH 21-66 19 executed 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Months | Hours and March 17- 1884 Male WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician n please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even it retired) INDUSTRY Ret., Mechanical Repairman, Bethlehem Steel Co. Hungary certificate be CDUNTRY? U.S.A. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ing ph Then Frank Vicen Mary Wittal attendin ed by the attend transit permit. , cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address death (Yas, no, or unkown) (If yes give war or dates of service) Wife, Mrs. Anna Vicen, # 2,a,b,c,d. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH that the Generalized Carcinomatosis PART I. DEATH WAS CAUSED BY: physician. been signed the burial-transor to burial, cra IMMEDIATE CAUSE (a) DUE TO Carcinoms of Stomach Conditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating the as th 9 years Post Operative Recurrance underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY The PERFORMED? certificate YES NOXX 0 this cerum detached fo 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work retained 0 21. I certify that (I) (tids: to spite) attended the deceased from 9.25 , 19_66 that (I) book last to. DIRECTOR: shoul saw the deceased alive on and that death occurred at 6:45M, From the causes and on the date stated above. 3 showith 22a. SICNATURE 22b. DATE SIGNED MED. April 21-1966 HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS director, p should be f NAME (Type) Charles E. Thompson 2903 West Woodwell Rd. Dundalk, Md. 212 23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) Belair Memorial Belair Maryland REC'D BY RECISTRAR 24. FUNERAL DIRECTOR ADDRESS 25b REGISTRAR'S SIGNATURE JOHN J. DUDA. Dundalk. Maryland 21222 VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 dwith the State Dept. af Health priar to burial, cremation, ar remaval, and the state Dept.	1.	LACE OF DEATH . COUNTY Baltmane	MARYLAND	2. USUAL RESIDENCE (Where deceased liv a. STATE	ed, if institution: Residence before odmission) b. GOUNTY b. GOUNTY Company
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n 24 h Illed in papers.		. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give Balti. Co-Geneval Haspital	street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
ecuted within 24 ho campletely filled in ove carban papers.		IAME OF First DECEASED (Type or print) Recount.	Middle James	Last 4. DATE OF DEATH	Manth Day Year April 25 1966
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certificate b g physician hen please naval, ener	13.	FATHER'S NAME Greek Vogel		14. MOTHER'S MAIDEN NAME Many 6. L	icher 1
death Itending Irmit. 1	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (If yes give wor or dales of service)	11AL SECURITY NO. 17. IN	Marganet Voge	Addresspikewille 8, 300.
nat the 1. Y the a y the a Insit pe		IB. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	, (b), and (c).)	onia, left love	late Zonstrandogeath
OR ATTENDING PHYSICIAN: The law requires that the death certific be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending phy: p. 3 shauld be detached far use as the burial-transit permit. Then bed with the State Dept. af Health priar ta burial, crematian, ar remayal		Conditions, if ony, which gove rise to immediate cause (a).	mong ed	eno ainte, s	Here I day
e law req tending p ss been si as the bi priar ta b		stating the underlying cause stating the underlying cause (c)	befor hupl	vibilizatio, a	evere
ICIAN: The law repital or attending rificate has been of far use as the of Health priar to	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE, CONDITION GIVEN IN	PERFORMED?
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DING PHYSIC by the haspi (fer this certi be detached State Dept. a'	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19 While at wark [RY OCCURRED 20e. PLACE Not While factor at wark	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	or town) - (County) (State)
TENDING inned by OR: After aculd be aculd be the State of		21. I certify that (I) (this haspital) attended saw the deceased alive an 4-25		death accurred at 230 M, fro	m causes and an the date stated abave
OR AI be reto DIRECT Is 3 sh ed with		Dr. Burvenito C.	Flowing M.D.		STAFF D 22b. DATE SIGNED PHYS. D 75 - CL.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept: af Health priar to		2xc. PHYSICIAN'S WAME (Type) 3 /ENVENIDO 1	+ CABUAY	22d. ADDRESS	
Page TO FUN direct shau		REMOVAL (Specify) Paril 28,1966	Woodlawn	Cemetery Mora	N (City or Jawn) (County) (Stote)
VR A15 (4) 20 M 1/66	24	FUNERAL DIRECTOR A Manual Stranger	ADDRESS Javes	DATE APR 29	966 KClianles Juage

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FOR STAFE HEALTH DEPT.

cessary, funeral may be TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. TO DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execut. Secrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EYAMINED'S CERTIFICATE OF DEATH

_00	ハバアエ	MEDICAL	L EXAMINER'S	CERTIFICAT	E OF DEATH	115034			
1. PLACE a. COU	OF DEATH					itution: Residence before admission)			
	ltimore		MARYLAND	a. STATE	b. COUNT				
	Y OR TOWN (If outside te RURAL end give ne	corporate limits, parest town)	c. LENGTH OF STAY IN 10	c. CITY OR TOWN (I	f outside corporate limits, writ	imore le RURAL and give nearest town)			
Tot	wson			Baltimore		0311			
d. NAN	ME OF HOSPITAL OR IN	ISTITUTION (if not in h	nospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	. Joseph's			7808 Dani	els Avenue	YES NO X			
3. NAME DECEAS	SED	First	Middle	Last	4. BATE Month	Day Year			
(Type o	or print)	Beulah	G.	Voluse	DEATH April	76, 19 66			
5. SEX	6. COLOR (OR RACE 7. MARRIED	NEVER MARRIEO	8. DATE OF BIRTH	9. AGE (In years I	FUNDER 1 YEAR IF UNDER 24 HRS			
Femal	le Whit	e WIDOWED	DIVORCED	Aug.14.1022		wonths Days Hours will.			
10a. USUAL	OCCUPATION (Give kin	d of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	state or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	ol Teacher	Bal	to. County	Maryl	and	USA			
13. FATHI	ER'S NAME			14. MOTHER'S MAI					
	Edw	ward Gisrie	1		Addie Sim	mers			
15. WAS DE	ECEASEO EVER IN U.S.	ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
N.	O	ar or dates of service)	6-38-6940 Mr.	Charles R.	Voluse Jr.	(same)			
18. C	AUSE OF DEATH [Ente	er only one cause/per	line for (a), (b), and (c),]	/	,	INTERVAL BETWEEN			
	ART I. DEATH WAS CA	AUSED BY:	who / las	NULAN E	to wanter	ONSET AND DEATH			
1	4112 V	E CAUSE (0)	114 943	SE OTAV F	0				
Condit	Conditions, If eny, which I be described and the second of								
geve	rise to immediate	(0)	Jegg Grene	0	2	1			
	(a), stating the lying cause last.	DUE TO	Word	1/esc	when Deser	ce of			
S PARTI	I. OTHER SIGNIFICANT		UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	ART 1(e) 19. WAS AUTOPSY PERFORMED?			
ATI						YES NO			
20a.	EXTERNAL CAUSE WAS	S 20b.	DESCRIBE HOW INJURY OCCU	JRREO. (Enter nuture o	f Injury In Part I or Pert II of				
PART I 20a. PRIMA CAUSE	ARY OF CONTRIBUTI	NG 🗆							
20c	TIME OF INJURY Mor		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, 1	arm, 20f. (City or town)	(County) (State)			
101	Hour e.m.	White	Not While facto	ory, street, office bldg.,		(00000)			
	p.m.	19 at wor	k et work						
21.	I certify that I too	k charge of the rer	mains described above, he	ld an Autopsy,	Inspection, Inquir	ry [_],and in my opinion			
dea	th resulted from:	Natural causes	, Accident , Sui	icide 🔲, Homic	ide 🔲, Undetermined ı	manner			
	Moll	12 10	1011	CHIEF MEDICA	AL EXAMINER				
SIGNA		lestoh	ounder	M.D. ASSISTANT MI	EDICAL EXAMINER	22. DATE SIGNED			
EVANA	INIEDIE		22 37 3	DEPUTY MEDI	CAL EXAMINER	4/11/11			
NAME	7.311	s F. O'Donn	nell,M.D.	Address (Stree	et, city, town, or county)	1/16/66			
23a. BURI	IAL, CREMATION, 23b OVAL (Specify) urial		23c. NAME OF CEMETER		23d. LOCATION (City, to				
B	urial	4/19/66.	Gardens of Fat						
24. FUNE	RAL DIRECTOR		AOORESS	25a. RI		GISTRAR'S SIGNATURE			
Leon	ard J. Ruch	k Inc. Balt	o. Md. 21214	O.AP	R 1 0 1966 100	corles Judge			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. and PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Baltimore Baltimore a. STATE Caruland b. COUNTY by the f Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, write, RURAL and give nearest town) c. LENCTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto. Anneslie Balto. Anneslie = bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARMA Vastle Drive YES NO pletely 3. NAME OF Middle Last DATE Month Day Year DECEASEO Von Planta (Type or print) 1966 Lenette DEATH 19 executed 6. COLOR OR RACE SEX DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Clast birthday) Female Months Hours in any WIDOWEO X DIVORCEO physician n please r 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) WDUSTRY, WOME COUNTRY Maryland Housewile death certificate 13. FATHER'S NAME attending phy ermit. Then p in, or removal, 14. MOTHER'S MAIDEN NAME Mary Annette Valk lias W. Bonney 15. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Family records No None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] requires that the PART I, DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY 119. for use Health CERTIFICATI PERFORMEO? certificate YES T NO 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) After this certif d be detached fo e State Dept. of H 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While 19 at work p.m. at work retained P should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the 1966, and that death occurred at 2 saw the deceased alive on. M. from the causes and on the date stated above. 22a. SINNATURE page filed ATTENOINC PHYS. MEO. Page 4 may PHYSICIAN'S ADDRESS 22d. director, p NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Park rraine emetery 25b. REGISTRAR'S SIGNATURE John Burns Sons. 1 owsom. VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
05036
CERTIFICATE OF DEATH
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- 1-		
	1. PLACE OF DEATH 2. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. COUNTY BALTO.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
4	VILLA MARIA, NOTCHCLIFF	GLENARM ON A FARM? YES NO
	3. NAME OF FIRST MIDDLE	WAKELIN DATE APRIL 28 19 66
1		R OATE OF RIRTH 19 AGE (In years LIFTINDER 1 YEAR HEINDER 24 HRS
	W WIDOWED OIVORCED	JULY 12, 1894 71 yrs. Months Oays Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) RETIRED MUSIC TEACHER	PITTSBURGH, PA. U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
	W_ILLIAM M JAMES WAKELIN	ELIZABETH GLASER
1	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Glengerm
1	NO * * * * * * * \$. /	DARIEL ERRETUR VIVI MARIA Notabeliky 21057
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	P
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cellulities B	uttocks plunen 194 I week
1	1/3 X OUE TO	
1	Cenditions, If any, which gave rise to Immediate (b) Ollubules	ulcer 3 who
	cause (a), stating the underlying cause last.	denoselestic Learthere 2 yrs
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	5 Cerebral arle	rescleració serce LES NO
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTMIBUTING TO DEATH BUT NOT RELA COLUMN ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of Injury In Part I or Part II of Item 18.)
1		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factor while at work 19 at work at work	ry, street, office bldg., etc.)
1	21. I certify that (I) (this hospital) attended the deceased from	Dec 1965 to Garil 2819 66 that (1) (we) last
	saw the deceased alive on Capa 27 1966, and that	10.120
	22a. SIGNATURE	22b. DATE SIGNEO
1	Addulleran M.O	ATTENOING MEO. STAFF PHYS. May 4, 1966
	22c. PHYSICIAN'S SG. Sullivan	1129 St Paul St. Ballinan 2 My
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burnal May 2.1966 Sisters Cer	metery Glen Arm, Maryland
	24. FUNERAL DIRECTOR Raymond J. Curran 817 Scarlett Drive	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Towson, Maryland 21204	MAY 16 1966 filiantes Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TD HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH CF STAY IN 1b 2 Cub Hill Road owson Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? Loch Raven Chesapeake Manor Nussing Home YES NO PC within completely pou NAME DE Middle DATE Last Month Day Year DECEASED event, Walker Naru (Type or print) DEATH 19 executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS етоме NEVER MARRIED Months Hours and 28.1876 WIDOWED K DIVORCED remale physician an please ruyal, and in 10a. USUAL OCCUPATION (Give kind of work done | = 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) INDUSTRY Ven Home Paruland Housewile 13. FATHER'S NAME MOTHER'S MAIDEN NAME terdinand Veu rinna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 50 (Yes, no, or unkown) (If yes give war or dates of service) bamily records No CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremati ONSET AND DEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) the hospital or attending physician. **OUE TO** Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. as (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate NO T 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of tached 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred at 1.15 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNEO pe ATTENOING M.D. PHYS. OIRECTOR Page 4 may 22c. PHYSICIAN'S AOORESS director, p should be 1 NAME (Type) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. DATE THEREOF (State) Baltimore. Ulivet (emetery Paryland ADORESS 25a. REC'O BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. VR AI5 (4) lowson. 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05038 CERTIFICATE OF DEATH executed within 24 haurs after death. campletely filled in by the funeral nave carban papers. Pages 1 and death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryl and Harford vithin 72 hours after MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Davs Aberdeen, Maryl and d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) e. IS RESIDENCE ON A FARM? HOSPITAL GROVE SPRING none NO SZ YES 3. NAME OF Middle First Last 4. DATE Month remave carban Year DECEASED Warfield Augustus Livingston April 66 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED 58ast birthday) Jan. 18, 1908 white WIDOWED DIVORCED T male physician and 10n. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during mast of working life, even if retired COUNTRY? INDUSTRY unkhown Maryland Restaurant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal unknown Augustus L. Warfield Sr. amknown: Sarah E. Dorsev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service) 5 HOSPITAL Records: SPRING GROVE STATE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been prior to far use as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) of Health NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache should be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice blda., etc.) pril 5 21. I certify that (4) (this haspital) . 19.66 . ta attended the deceased fram. 6, and that death accurred at 72 of the M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED Wa clinter M.D. DIRECTOR PHYS 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c PHYSICIAN'S Wachster Stella NAME (Type) Baltimore. Maryland 21228 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 19 Apr. 66 Baltimore National Md. Cemetery. Baltimore. Tarringerestuneral Homeso. RECHERAR 25b. REGISTRAR'S 24 FUNERAL DIRECTOR Aberdeen. Md. 20 M 1/66

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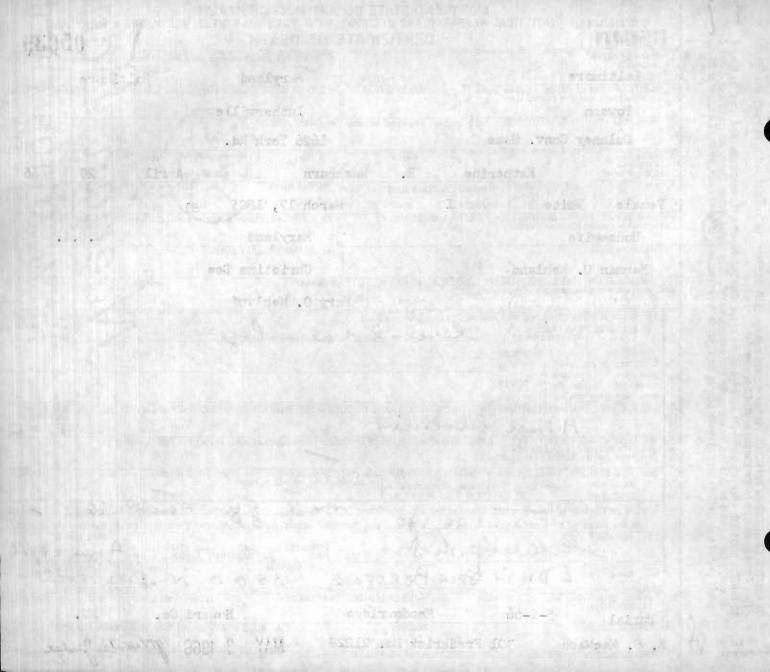
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MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL (Page 4 may	O FUNERAL DIRECTOR: director, page 3 should should be filed with the		22c. PHYSICIAN'S NAME (Type)		1 N 51	ACK BER	STOC	22d. ADDRESS 3:	500	NC	ALVE	RTST.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0504 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death Lond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore Howard MARYLAND Maryland hetely filled in by the farthern popers. Poges b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b within 72 hours Ellicott City. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAL YES \square NO [Sylvan Lane 3. NAME OF First Doy chrbon DECEASED Watt (Type or print DEATHADTIL. 19 66 and comple 9. AGE (In years last birthdoy) SEX IF UNDER 24 HRS B. DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED Months Dovs Hours Feb. 22, 1880 ond in any WIDOWED DIVORCED white ISTIAL DECUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) please INDUSTRY the ottending physician sit permit. Then please Maryland Farmer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sally unknown 1S. WAS DECEASED EVER IN U.S. ARMED FOR (\$25? (Yes, na, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Records: SPRING GROVE STATE HOSPITAL 214-12-2087 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH Arteriorsclerotic Heart Disease IMMEDIATE CAUSE (o) DUE TO Generalized Arteriorsclerosis Conditions, if ony, which gove (b) rise to immediate couse (a). **DUE TO** stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending as the FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO T YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING THEAUSE OF DEATH 0 detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) Hour o.m foctory, street, office bldg., etc.) Not While ot wark ot work 19 66 that ((we) last 21. I certify that (*(this haspital) attended the deceased fram 10-27 19 48 , ta 4-14 shauld saw the deceased olive an April 14 1966, and that death occurred at 8 P M, from couses and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING 4-15-66 director, page 3 should be filed v M D PHYS 22d. ADDRESS Spring Grove State Hospital Catonsville Maryland 22c. PHYSICIAN'S NAME (Type) Stella Wachsler. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BEMOVAL (Spacify) 4/18/1966 Monie Cemetery Rural Princess Anne, Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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funeral filled May be r co pode 0 VS A15 (4)

director

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** HUBBARD FUNERAL HOME, 4107 WILKENS AVENUE

5-2-66

REMONATE PACTY

BALTIMORE, 24n, REC'D BY REGISTRAR

BALTIMORE NATIONAL CEMETERY

24b. REGISTRAR'S SIGNATURE

(Stote)

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	VIAND
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1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) 3.3 Willshop Ad. 13.3 Willshop Ad. 13.3 Willshop Ad.	IS RESIDENCE ON A FARM YES NO
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	FATHER'S MAINE F, Helsch anelia Donnelly	0,41
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	228 BIGNATURE WELL C DAMMAUM M.D. ATTENDING MED. PHYS. DIRECTOR PHYS. 226. PHYSICIAN'S	22b. DATE H-15-66
23:	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	IN (State)
34	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	GNATURE Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05044 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH completely filled in by the funeral ove carbon popers. Pages 1 opd-2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland after, Baltimore MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 15 write RURAL and give negrest town) ve carbon popers. Pag event, within 72 hours 36 Days Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3608 Esther Place Veterans Administration Hospital YES NO NO NAME OF First Middle Lost 4. DATE Month Year Day DECEASED WHALEY GEORGE HELM APRIL 24 19 66 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Lost birthday) Months Dovs Hours 12/12/10 Male White WIDOWED DIVORCED I 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY ARMY Baltimore. Maryland Soldier (retired 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ambrose Whaley Katherine Clem Klemm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates of service WWII & PL28 215-01-43-74 Clin. Records. VAH. Fort Howard, Maryland Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARCINOMA OF LUNG WITH METASTESES TO REGIONAL IMMEDIATE CAUSE (a) signed by THEY buriol, LYMPH NODES AND PERICARDIUM 2 mos. Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been as the last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? LIVER CIRRHOSIS OF YES X NO F for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at work 21. I certify that this haspital) attended the deceased from March 19, 1966, ta April 24 1966, that (1) (we) last saw the deceased alive an April 24 1966, and that death accurred at 10:15, Mom causes and an the date stated above. . 19 66 ta April 24 19 66, that() (we) last should 220. SIGNATURE 22b. DATE SIGNED ATTENDING 4/25/66 M.D. PHYS DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN D. TALBERT. M.D. VA HOSPITAL, FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BUTLEL 4/28/66 Oaklawn Cemetery Baltimore, Maryland ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Schimunek Funeral Approx VR A15 (4) 20 M 1/66 3331 Brehms Lane Mannasota Ave. Baltimore, Md.

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FOR STATE HEALTH DEPT.

O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	b. CITY OR TOW Write RURAL	VN (If outside	corporate lin	ilts,	c. LENGTH OF STA		c. CITY OR TOW	N (If outside	e corporat	e limits, wri			
	Catons		rest town)		lyr5mth1	7dvs	Wash	ington	D			11 17	2
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission a. COUNTY b. COUNTY by the and 2 death Maryland Baltimore.
b. CITY OR TOWN (if outside corporate limits, MARYLAND by th c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) executed within 24 write RURAL end give neerest town) after .57 Baltimore Tartherville, Maryland 7-12-1965 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) filled d. STREET ADDRESS hours . IS RESIDENCE ON A FARM? Wilson and Eutaw Place papers. n 72 hot College Manor
3. NAME OF DECEASED Nursing Home completely YES NO 4. DATE Middla Lest Month OF (Type or print) DEATH 19 Amelia Wiederhold April physician and e remove carbo 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months /ent, certificate WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Registered Nurse Pennsylvania .= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending I and Wiederhold Conrad Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) the law instancian. Mr. George B. Ward 1025 Md. Nat'l Bank Bld. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BÉTWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: has been signed IMMEDIATE CAUSE (e) the burial-transit burial, cremation DUE TO gava rise to immadiate cause DUE TO (e), steting the underlying certificate ha PHYSICIAN: 19. WAS AUTOPSY hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DISEASE CONDITION GIVEN IN PART 1(e) 0 CERTIFICATION PERFORMED? prior NO for 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) After this Health OR CONTRIBUTING [CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) ō factory, streat, office bldg., atc.) Not While Hour a.m. DIRECTOR: State Dept. et work et work 19 p.m. pe Pthat (I) (we) last 21. | certify that (1) (this hospital) attended the deceased from.... should 66, and that death occurred and My from the causes and on the date stated above saw the deceased alive on..... may DATE 22e. I SIGNATURI ATTENDING HOSPITAL FUNERAL with f PHYS. DIRECTOR PHYS. M.D. Page 22c. PHYSICIAN 22d/ ADDRESS director, 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery Pikesville, Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 20M S-63

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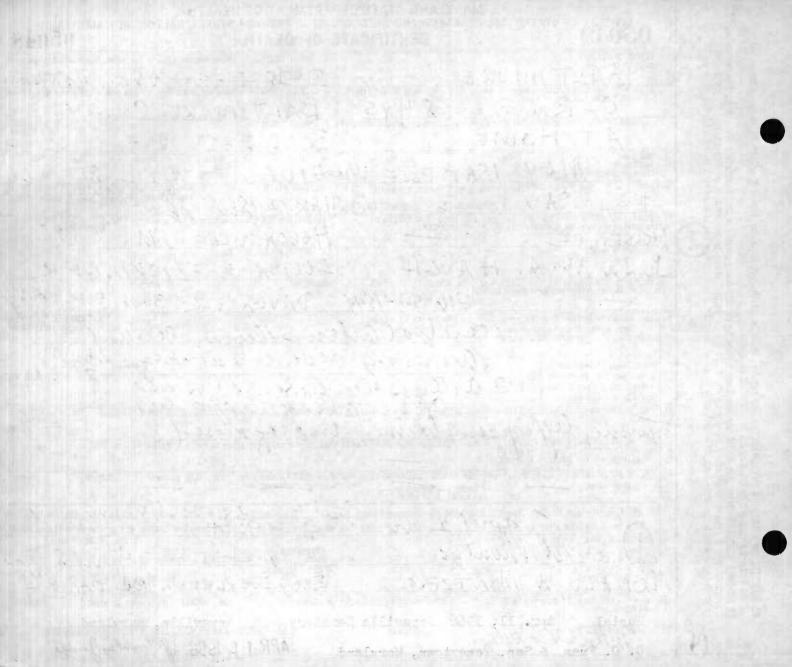
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05047 CERTIFICATE OF DEATH death 24 hours after death funeral I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY BALTIMORE MARYTAND b COLINTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD neorest town) DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? VETERANS ADMINISTRATION HOSPITAL 1008 E. Baltimore Street YES NOX be executed within carban NAME OF First Middle 4. DATE Lost Doy Yeor DECEASED GRADY V. APRIL 18 WIGGINS 66 (Type or print) 19 DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Months April 12. MATE WHITTE WIDOWED DIVORCED 1904 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? requires that the death certificate CARPENTER CLEVELAND COUNTY, NORTH CAROLINA CONSTRUCTION U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval signed by the attending ph hurial-transit permit. Then LEM WIGGINS ELIZIE WELLMAN N. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) SHELBY, 240 30 80 22 YES CLIN.RECRDS, VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN RECEIAND DEATH LOBAR PNEUMONIA, BILATERAL IMMEDIATE CAUSE (A) DIMENTO PULMONARY CONGESTION AND EDEMA 1 WEEK Conditions, if ony, which gove rise to immediate couse (o), XXXXXX stoting the underlying couse CARCINOMA OF PROSTATE WITH INVASION OF BLADDER UNKNOWN as the TO FUNERAL DIRECTOR: After this certificate has been FUNERAL 19. WAS AUTOPSY PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Health YES A NO far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER PALMER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work ot work O HOSPITAL OR ATTENDING Page 4 may be retained by 21. I certify that *() (this haspital) attended the deceased fram 2/18/66 4/18/66 directar, page 3 shauld shauld be filed with the 4/18/66 19 and that death accurred at 8:20PM, from causes and an the date stated above saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 4/19/66 M.D. DIRECTOR PHYS SHIPPED VAH FORT HOWARD, MARYLAND 22c. PHYSICIAN'S HOWARD C. KRAMER, M. D. NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) POLKVILLE, NORTH CAROLINE UNION BAPTIST Joseph N. Zannino Funeral Home, 7
257-63 S. Conkling St. Baltimore, FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05048 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Jo death. Baltimore MARYLAND Balto. Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup offer 1 hr. 10 min Randallstown, Baltimore 21207 Randallstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS haurs ON A FARM2 3611 Clifmar R,. Balto. Co. Gen. Hospital NO Give Poges hours ofter deoth 3. NAME OF Middle First Lost 4 DATE Month Year DECEASED 19 66 JAMES **EDWARD** WILD 10 Apr. within . (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED 7 ost birthday) Months Male White Dovs Hours 11-3-1894 WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Sportswriter U.S.A. Sun Paper Missouri 13 FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME .⊑ W.Edward Wild Louise E. Weiskusat File puo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT certificate should be executed permit. (Yes, na arunknawn) (If yes give war ar dates of service) 215-05-8461 removal Balto.Co.Gen.Hosp.Records-Randallstown, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: Myocardial Infarction w/ Ventricular Tachycardia ar IMMEDIATE CAUSE (a)_ e, writing the word forworded ta the Ch cremation, DUE TO Perforated Gastric Ulcer 4 hrs. Conditions, if any, which gave rise to immediate couse (a). Secondary Anemia due to ulcer w/ perforation 4 hrs. stating the underlying couse 0 Broncho Pneumonia, bilat. SD 8 hrs. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Generalized Arteriosclerosis please execute the certificate. YES X NO [agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) plnods PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. none none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While moy be retained far your FUNERAL DIRECTOR: Page none 19 at wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X, and in my apinian Natural causes X director. death resulted fram: Accident Undetermined manner Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER * **EXAMINER'S** Caples, M. D. 6 Hancer Rd Addre Refestenatown Md. 4-12-66 Health NAME (Type) 23a. BURIAL, CREMATION ... 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 BEMOVAL (Specify), Chine andallstown falloll 24 FUNERAL DIRECTOR VR A15ME

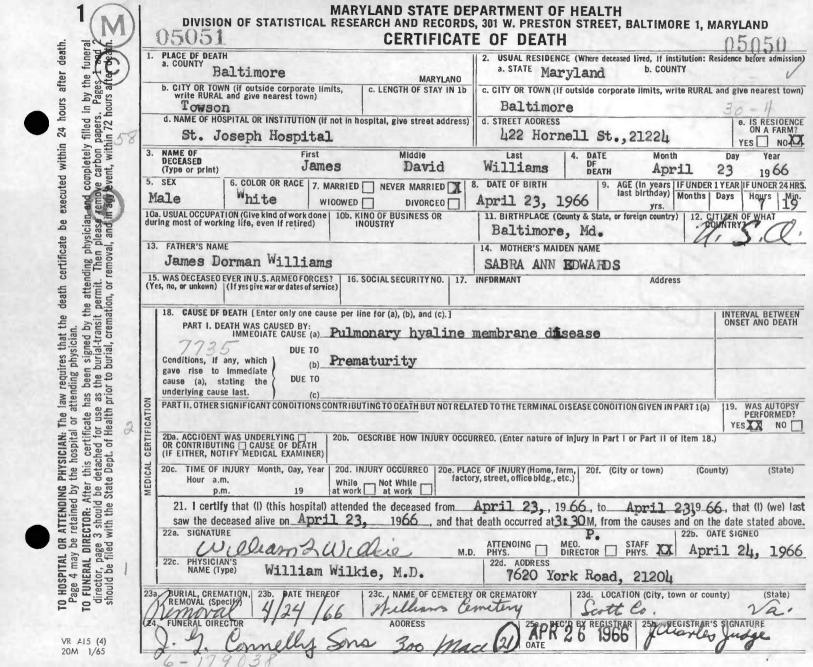
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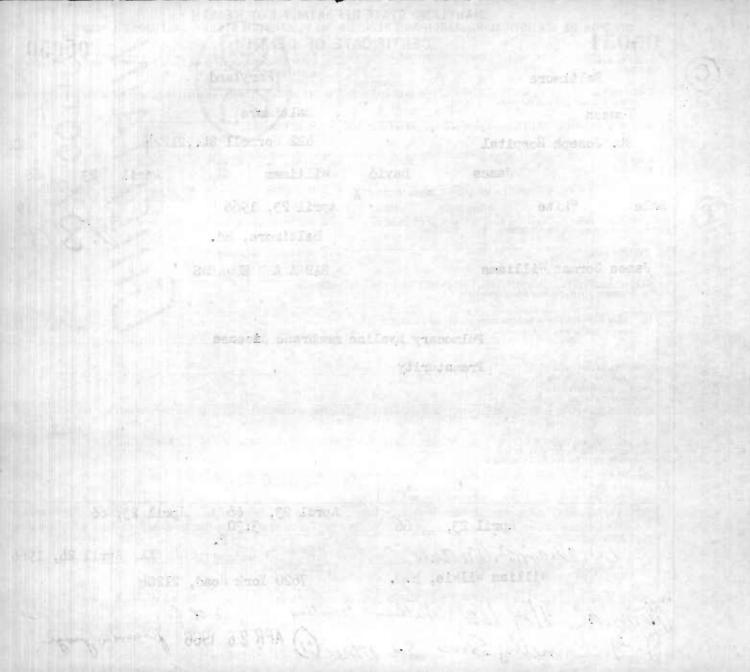
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ATTE retail	san the deceased alive on 1900, and that death occurred at 2000 from the causes and on the date stated above 22 SIGNATURE 22b. DATE SIGNED
AL OR ay be page filed	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTO
SPITU 4 m NERA ctor, id be	DONNER BATO 14
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, ore	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
26	Burial Apr. 11. 1966 Keysville Cemetery Keysville Maryland 24. FUNERAL DIRECTOR 2 450. REGISTRAR'S SIGNATURE
VR A15 (4)	C. O. Fuss & Son, Taneytown, Maryland ARR 11 1966 Charles Judge



	1		MARYLAND STATE DEPARTMENT OF HEALTH	
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ATTENDING PHYSICIAN: retained by the hospital	R: After this certificate has beer ould be detached for use as the the State Dept, of Health prior to	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Coun	ity) (State)
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SPIT 4 r	d bor,		NAME (Type) ROBERT J. LYDEN, MD GHOL GOLDEN RING Kd., ESSEX,	Md. 21221
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05052 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD give negrest town) 124 DAYS BALTIMORE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2608 WOODBROOK AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO X 3. NAME OF Middle First Last 4. DATE Month Day Year DECEASED DAVID JAMES WILLIAMS 66 APRIL 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** last birthday) Months Doys Hours WIDOWED DIVORCED MAY 13, 1922 MATE NEGRO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY CHAUFFEUR PITT COUNTY, NO. CAROLINA U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES S. WILLIAMS MAGNOLIA HARDY 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service) YES 239 22 4362 CLIN. REC., VET. ADM. HOSP., FT. HOWARD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF LUNG UNKNOWN IMMEDIATE CAUSE (a). DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m. foctory, street, office bldg., etc.) Not While al work at work 1966, that (1) (we) last 21. I certify that (t) (this hospital) attended the deceased fram Nov. 29 1965 to April 2 saw the deceased alive an April 2, 19 66, and that death accurred at 25 a.M. fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE 4/3/66

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be executed within 24 haurs after death by the funeral Pages 1 and and filled in ! papers. H. anyevent remo .⊆ please requires that the death certificate P burial-transit signed t as the has been for use TO FUNERAL DIRECTOR: After this certificate detached shauld be retained MED. DIRECTOR **ATTENDING** STAFF X Mules M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lawrence F. Awalt. M.D. VET. ADM. HOSP. FIT. HOWARD director, should be 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) April 7, 1966 Baltimore National Cemetery Baltimore, Maryland 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2222 W. North Ave. Baltimore, Maryland DATE ATK 5 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05053 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland in by the fun ers. Pages 1 2 haurs after MARYLAND b. CITY OR TOWN (If autside corparate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) oan papers. Pag within 72 haurs Baltimore 3 Days Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADORESS e. IS RESIDENCE ON A FARM? filled Veterans Administration Hospital YES NO X 2603 Jefferson Street carban 3. NAME OF First 4. DATE Dov Year DECEASED JOHN APRIL 23 (NMT) WINFELDER DEATH 19 66 (Type or print IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIEO OATE OF BIRTH NEVER MARRIEO remove birthdoy Months Dovs Hours 3/11/92 Male White WIDOWED physician and 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore, Maryland Salesman 13 FATHER'S NAME 14 MOTHER'S MAJOEN NAME en George Winfelder Barbara Kreuger by the attending 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMATER trude Winfelder, Adabove, wife (Yes, no, or unknown) ((If yes give wor or dotes of service 214-01-99-85 Clin, Records, VAH, Fort Howard, Maryland Yes INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSEL AND DEATH burial-transit PART I. DEATH WAS CAUSED BY RESPIRATORY FAILURE IMMEDIATE CAUSE (o) 163X DUE TO signed burial. Conditions, if ony, which gove 3 days PULMONARY EDEMA. CONGESTION. AND PNEUMONIA rise to immediate couse (o), DUE TO stoting the underlying couse the haspital ar attending the has been lost CARCINOMA OF LUNG, EXTENSIVE 8 months WAS AUTOPSY PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p CERTIFICATION YES A NO After this certificate jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (this haspital) attended the deceased fram. 19_66 that (we) last M, from causes and an the date stated abave. be retained 19 66, and that death occurred at TO FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNEO ATTENDING 4/24/66 DIRECTOR M.D. PHYS. Ma wen 22d. AD ORESS 22c. PHYSICIAN'S NAME (Type) FORT HOWARD, MARYLAND VAH. Domingo E. Cabinum, Jr. directar, shauld 23b. DATE THEREOF 14/27/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) SECRED HEART CEMETERY GERMAN HILL RD. BALTO. MD. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 3331 Brehms Lane VR A15 (4) 20 M 1/66 Schimunek Funeral Home Baltimore, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	15.	WAS DECEASED EV	ck William V ER IN U.S. ARMED FORCES?	16. 3	OCIAL SECURITY NO.	17. INFO		A STALL II	Addr	ess		
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	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Ent	er nature af injury in	Port I or Port	II of item 18.)			
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		21. I cert	rify that (1) (this has	spital) atten	led the deceased from 19 66, an	amade d that d	eath accurred a	19 <u>63</u> , to	a Capril	26, 1966 and an the	, that (I) date state	(we) last
		22a. SIGNATURE		2 2 1	1			MED. 17	,	22b. DATE	SIGNED	/
			Tarl +	- Pha	malas.	M.D.	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	1 4/	26/	66.
		22c. PHYSICIAN					22d. ADDRESS					
		NAME (Typ	Earl L				4108 Lil					
	23a.	BURIAL, CREMAT	1 \	-	23c. NAME OF CEMETE				CATION (City or To			(Stote)
		REMOVAL (Specif	1 ' -	966	Loudon Par	rk e		D BY REGISTR	imore,	EGISTRAR'S SIGN	id.	
	24.	FUNERAL DIRECT		2		, 3	6					
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Baltimore a. STATE b. COUNTY Baltimore hours after the MARYLAND by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Life = Parkville Parkville rual d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? θ. within 72 7919 Hillendale Road 7919 Hillendale Road NO 3 YES executed within and completely NO. 3. NAME OF First DATE Month Middle Last Day Year DECEASED any event, Albert Wooden 1966 (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH NEVER MARRIED [Male White 5-3-1882 WIDOWED 3 DIVORCED yrs. and In 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) physician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be INDUSTRY COUNTRY? News-American Baltimore Maryl and Printer U.S.A. removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph William Wooden Louise Ball 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT this certificate has been signed by the attentateached for use as the burial-transit permit. Debt. of Health prior to burial, cremation, or death (Yes, no, or unkown) | (If yes give war or dates of service) 215-10-8838 Mr Robert Wooden 7919 Hillendale Road 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physiclan. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES NO detached fr te Dept. of I 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work be retained a rul 7 Unil 19 60 > the 21. I certify that (1) (this hospital) attended the deceased from 1966, that (1) (we) last Page 4 may be retaine TO FUNERAL DIRECTOR: and that death occurred at 130 mm, from the causes and on the date stated above. 1966 saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING page M.D. DIRECTOR PHYS. PHYS. PHYSICIAN'S 22d, ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 1-11-1966 burila Parkwood Cemeterv Baltimore Co FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1966 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Baltimore b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lythenville = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Seminary Avenue 329 W. Seminary Avenue YES NOK within completely 3. NAME OF DATE First Middle Last Month Day Year DECEASED Woollen handen DEATH (Type or print) 166 19 executed SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR || FUNDER 24 HRS. 6. COLOR OR RACE 9. emove 7. MARRIED NEVER MARRIED ev last birthday) Months I Hours Days any and Male July 15, 1888 WIDOWED DIVORCED [Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) certificate be INDUSTRY COUNTRY? ret. Coryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph remova Woollen harles Josephine May Woods 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) PHYSICIAN: The law requires that the death Family records No Vone the n signed by the burial-transit p burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. 10000 IMMEDIATE CAUSE (a) ascular Renal DUE TO Conditions, If any, which peen gave rise to Immediate まま DUE TO cause (a), stating the prior underlying cause last. has 98 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use PERFORMED? certificate hospital or YES [NO 6 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached ö OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After While ATTENDING at work at work p.m. B 30 19 that (I) (we) last the 21. I certify that (!) (this hospital) attended the deceased from DIRECTOR: shoul saw the deceased alive on and that death occurred ate 15 M, from the causes and on the date stated above. 3 sho SIGNATURE 22a. 22b. director, page 3 ATTENDING STAFF DIRECTOR M.D. PHYS. O HOSPITAL O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) Baltimore. emeteru reenmount Maruland ADDRESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. John Burns Sons. Towson. VR A15 (4) 20M 1/65

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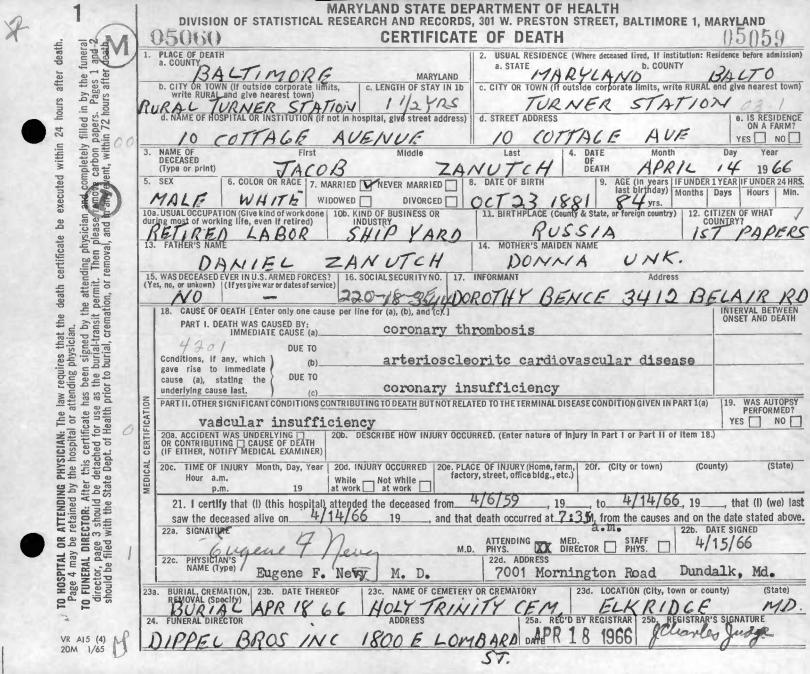
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The law requires that the death certificate be executed within	n and completely in remove carbon pring any event, within	3.	NAME OF DECEASED (Type or print) PASOUALE T. Middle Last 4. BATE Month OF OF PRINT P	Day Year / 20 19 66
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2	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	234	REMOVAL (Society) 4/23/66 ST. STANISLAUS CEM BALTIMORE	NA.
	m	24	ADDRESS / 125a. REC'D BY REGISTRAR 25b. REGISTRAR 25b	AR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05058CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Ba ltimore Maryland MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Towson = Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 3831 Ayres Court, 21236 YES NO within tely 200 NAME OF 3. Middle Last Month Year DATE Day DECEASED Beulah B. Yerkey April 19 66 (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours White 6-6-94 and Female WIOOWEO T DIVORCEO [10a USVAL OCOUPATION (Give kind of work done during most of working life, ever if retired) 10b. KINO OF BUSINESS OR physician in please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be INOUSTRY COUNTRY? West Virginia usewo FATHERIE NAME MOTHER'S MAJOEN NAME attending phyrimit. Then phy or removal, ned by the attencal-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address death (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Severe hemorrhagic entero-colitis n signed l burial-trai IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate the r DUE TO cause (a), stating the prior underlying cause last. 38 FICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES X NO F this certification of DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work p.m. 21. I certify that (i) (this hospital) attended the deceased from April 20. to April DIRECTOR: 19 66, and that death occurred at 10 m from the causes and on the date stated above. saw the deceased alive on April 2] th 22a. SIGNATURE 22b. OATE SIGNEO MEO. DIRECTOR page April 22, 1966 FUNERAL PHYSICIAN'S AOORESS 22d. director, R. Govinda Rao NAME (Type) 7620 York Road, 21204 R CREMATORY IAL. CREMATION.I 23b NAME OF CEMETERY TION (Gity, town or county) (State) 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) rs. Pag write RURAL and give nearest town) hours daNa Kd d = filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? pap in 7 necical NO T YES bon p executed within NAME OF Last DATE Month Day Middle DECEASED DEATH 1966 (Type or print) 6. COLOR OR RACE | 7. MARRIED 5. SEX AGÉ (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH and cor 9. NEVER MARRIED Months Days Hours WIDOWED X OIVORCED 3 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life/ even if retired) INDUSTRY COUNTRY? 0 15A death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME signed by the attending phurial-transit permit. Then urial, cremation, or removal 15. WAS DECEASED EVER IN U.S. ORMED PORCES? (Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. INFORMAN Address CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO has been signed as the burishing prior to burish Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate had hed for use a WAS AUTOPSY PERFORMED? NO YES this cerum detached fr 20a, ACCIDENT WAS UNDERLYING [7] 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) * After Hour a.m. While Not While p.m. at work at work 3 should with the 21. I certify that (I) (this hospital) attended the deceased from 19 1966, that (I) (we) last DIRECTOR: age 3 should 66, and that death occurred at #38 AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. тау FUNERAL PHYSICIAN'S director, p 22d. AOORESS NAME (Type) Can FARLAS MON (State) BURIAL, CREMATION, 23b. DATE THEREOF 23cm NAME OF CEMETERY OR CREMATORY LOCATION: (City, town or county) 23d. REMOVAE (Soecify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 20M 1/65

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1	æ	e funeral 1 and 2 er death	1	05064 CERTIFICATE OF DEATH	1
	24 hours after death.			1. PLACE OF DEATH a. CDUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis b. COUNTY Baltimore MARYLANO MARYLANO	sion)
	s aft	Pages 1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	own)
	hour	S. S.	-	Riderwood 1 yr. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDE	NCE
		filled paper iin 72	0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8239 Burney Road 8239 Burney Rd. 9. IS RESIDE ON A FART YES \(\sigma \) NO	
	executed within	Leompletely filled in by toove Cerbon papers. Page		3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) CATHERINE BARRETT ZEIDLER DF DEATH April 6th 1966	
	ecuted	and complete	1.1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 last birthday) Months Days Hours Months Months Days Hours Months Days Months Days Months Months	
		ysician please and in	/	10a. USUAL OCCUPATION (Give kind of work done of work done of work done of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
	ifica	g pt			
	cert	re H	-	Harry K. Barrett Frances Manley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address	_
	ath	ermit. Then phon, or removal		(Yes, no, or unkown) (If yes give war or dates of service) no - Mr. Wm. H. Zeidler-8239 Burney Rd.0	1.
	de	the pe	=	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	EEN
	PHYSICIAN: The law requires that the death certificate be the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the atten irector, page 3 should be detached for use as the burial-transit permit, nould be filed with the State Dept. of Health prior to burial, cremation, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to Immediate DNSET AND DEAT DN	TH
	requ	the r to		cause (a), stating the 0 UE TD	
	aw	has as prio		Underlying cause last.) (c) // // // // PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOMOTIVE PART 1.	PSY
	The l	icate or use lealth		PERFORMET YES NO	D3
	PHYSICIAN: the hospital	certif ched fo pt. of B		20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
	4G PHYS	CTOR: After this should be detac with the State De		20c. TIME OF INJURY Month, Oay, Year Hour a.m. p.m. 19 While at work Not While a	e)
	NDI	luld he S		21. I certify that (I) (this hospital) attended the deceased from man, 1963, to 4/6, that (I) (we)	
	TTE	sho sh		saw the deceased alive on 1966, and that death occurred at 4AM, from the causes and on the date stated ab	ove.
	OR ATTENDING P	DIRE age 3 lied w	,	22a. SIGNATURE ATTENOING MED. STAFF PHYS. 22b. DATE SIGNED	
	Page 4 may	ro FUNERAL DIRE director, page 3 should be filed v		1 226. PHYSICIANTS NAME (TYPE) GEORGE J. Pichard In MO GREATER Bultimore hed Center	
	TO HO	direction of the should be		Burial, Cremation, 23b. Date Thereof 23c. Name of Cemetery or Crematory 23d. Location (City, town or county) (State) Burial 4/9/66 Cathedral Cem. Balto.)
	VR .	A15 (4)		24 FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR'S SIGNATURE MITCHELL-Wiedefeld Home. Inc.	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore New York within 72 hours after hours after by the Pages 1 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Flushing 2 Weeks = Halethorpe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? (27)2909 Union Street 1813 Mayfield Avenue YES NO X and completely f 3. NAME OF Middle Last DATE Month Day Year DECEASED **TGNATS** ZEILA April 16 19 66 DEATH (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED V NEVER MARRIED Male White July 20,1886 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician pe COUNTRY? U.S.A. and Latvia Retired certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending parmit. Then Zeila Doroteia Spogis Fanis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Flushing, N.Y. 0 permit. death (Yes, no, or unkown) (If yes give war or dates of service) 215-30-5282 2909 Union Street Mrs. Tekla Zeila cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH The law requires that the or attending physician. signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, if any, which (b) been gave rise to immediate the DUE TO cause (a), stating the prior underlying cause last. certificate has SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GWEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) this certifidetached for Dept. of H MEDICAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm. (State) 20d, INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) be de State I Hour a.m. After Not While be retained by at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (I) (this hospital), attended the deceased from 196 that (I) (we) last and that death occurred at 7 M, from the causes and on the date stated above. saw the deceased alive on DATE/SIGNED SIGNATURE 22b. ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS VAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) New York Farmingdale St. Charles Cemetery April 17,66 Removal 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 1217 St. Paul Street VR A15 (4) Wm. Cook-Brooks, Inc. 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before a. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore #4 Powson(rural) Ba bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE completely filled d. STREET AOORESS ON A FARM? 904 Eastwind Road Mercy Villa NO F PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. carbon NAME OF First Middle DATE Last Month DECEASED Mary 1966 Agnes 26. Zimmerman April (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIEO 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO pirthday) Hours and female white April 3, 1883 WIDDWEO JO **OIVORCED** 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWITE physician a 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME гетома William B. Taylor Margaret McLaughlin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address t permit. (Yes, no pr unkown) (If yes give war or dates of service) 212-07-6599D Mrs. Philip K. Morris (Same) burial-transit publications 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) certificate has been gave rise to immediate the to **OUE TO** cause (a), stating as th prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use PERFORMEO? NO 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OFATH (IF EITHER, NOTIFY MEOICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) etached 1 Dept. of MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While UR ATTENDING be retained by at work at work AP 21. I certify that (I) (this hospital) attended the deceased from 1960 to U DIRECTOR: Jage 3 should led with the 1966 saw the deceased alive-on and that death occurred at 122 M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO ATTENOING Page 4 may t M.O. **OIRECTOR** PHYS. director, pa 22d. AODRESS 6805 Lawrence C. Post NAME (Type) Dr. York Road 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State REMOVAL (Specify) 4/28/66. Holy Redeemer Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, Inc...5305 Harford Road VR A15 (4)

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FROST BRUCKSTOR T 400 for a 1881 . Light come to be to be a selection of the bon Eyxoli - 18 alford but the same Hospie R. Carlon Big_0y_for 'es. Philip . Forth back and 20.0 Common C. Lost Tone Sure al Constant Telephone Constant College Street